



# **30th PAN AMERICAN SANITARY CONFERENCE**

## **74th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS**

*Washington, D.C., USA, 26-30 September 2022*

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**FINAL REPORT**

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## FINAL REPORT

### Opening of the Session

1. The 30th Pan American Sanitary Conference, 74th Session of the Regional Committee of the World Health Organization (WHO) for the Americas, was held in Washington, D.C., from 26 to 30 September 2022. As the conference facilities at the Headquarters of the Pan American Health Organization (PAHO) were being renovated, the Conference was held at the Omni Shoreham Hotel.

2. Dr. Julio Borba (Minister of Public Health and Social Welfare, Paraguay, outgoing President of the 29th Pan American Sanitary Conference) opened the session and welcomed the participants, noting that the Conference was the first in-person session of the PAHO Governing Bodies to be held since the onset of the COVID-19 pandemic. Opening remarks were made by Dr. Borba, His Excellency Alberto Fernández (President, Argentina), His Excellency Charles Angelo Savarin (President, Commonwealth of Dominica), Dr. Carissa Etienne (Director, Pan American Sanitary Bureau), Hon. Mr. Xavier Becerra (Secretary, Health and Human Services, United States of America), and Dr. Tedros Adhanom Ghebreyesus (Director-General, World Health Organization). President Fernández and Dr. Tedros addressed the Conference via video message. Their respective speeches may be found on the website of the 30th Pan American Sanitary Conference.<sup>1</sup>

### Procedural Matters

#### *Appointment of the Committee on Credentials*

3. Pursuant to Rule 32 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference appointed Bahamas, Ecuador, and Guatemala as members of the Committee on Credentials (Decision CSP30[D1]).

#### *Election of Officers*

4. Pursuant to Rule 17 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference elected the following officers (Decision CSP30[D2]):

<i>President:</i>	Canada	(Mr. Michael Pearson)
<i>Vice President:</i>	Antigua and Barbuda	(Hon. Sir Molwyn Joseph)
<i>Vice President:</i>	Chile	(Dr. Ximena Aguilera)
<i>Rapporteur:</i>	Uruguay	(Dr. Karina Rando)

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<sup>1</sup> Available at: <https://www.paho.org/en/governing-bodies/pan-american-sanitary-conference/30th-pan-american-sanitary-conference>.

5. The Director of the Pan American Sanitary Bureau (PASB or Bureau), Dr. Carissa Etienne, served as Secretary *ex officio*, and the Deputy Director, Ms. Mary Lou Valdez, served as Technical Secretary.

***Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution***

6. Pursuant to Rule 35 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference appointed Costa Rica, Paraguay, and Sint Maarten as members of the Working Party to Study the Application of Article 6.B of the PAHO Constitution (Decision CSP30[D3]). The report of the Working Party was presented subsequently in conjunction with the Conference's consideration of the report on the collection of assessed contributions (see paragraphs 96 to 104 below).

***Establishment of the General Committee***

7. Pursuant to Rule 33 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference appointed Barbados, Cuba, and the United States of America as members of the General Committee (Decision CSP30[D4]).

***Adoption of the Agenda (Document CSP30/1, Rev. 1)***

8. A delegate drew attention to the risk of a resurgence of poliomyelitis in the Americas, owing to declines in vaccination coverage and weaknesses in surveillance, and proposed the addition of an item to the agenda entitled "Keeping the Region of the Americas Free of Polio."

9. The Conference agreed to add the proposed item and adopted the agenda, as amended (Document CSP30/1, Rev.1). The Conference also adopted a program of meetings (Document CSP30/WP, Rev. 1) (Decision CSP30[D5]).

**Constitutional Matters**

***Annual Report of the President of the Executive Committee (Document CSP30/2)***

10. Dr. Carla Vizzotti (Argentina, President of the Executive Committee) reported on the activities carried out by the Executive Committee and its Subcommittee on Program, Budget, and Administration between September 2021 and September 2022, highlighting the items that had been discussed by the Executive Committee but not sent forward for consideration by the 30th Pan American Sanitary Conference. Those items included the annual reports of the Ethics Office, the Investigations Office, the Office of Internal Audit, and the PAHO Audit Committee; a report on the status of the emergency loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies; amendments to the PASB Staff Regulations and Rules, a report on human resources management, and a statement by a representative of the PAHO/WHO Staff Association; a report on the steps taken by the Bureau to prevent and respond to any cases of sexual exploitation and abuse; and reports on engagement with non-State actors and on non-State actors in official relations with PAHO.

Details may be found in the report of the President of the Executive Committee (Document CSP30/2).

11. The Director, noting the importance of the work of the Committee to the Organization, thanked Dr. Vizzotti for her able management of the deliberations of the Executive Committee.

12. The Conference thanked the members of the Executive Committee for their work and took note of the report.

***Reports of the Pan American Sanitary Bureau (Official Document 366 and Document CSP30/3)***

A. *Quinquennial Report 2018-2022 of the Director of the Pan American Sanitary Bureau (Official Document 366)*

13. The Director introduced her quinquennial report,<sup>2</sup> the theme of which, “Championing Health Equity for Sustainable Development,” encapsulated the work undertaken to support countries in their efforts towards achieving the goals of the 2030 Agenda for Sustainable Development and reflected the Organization’s commitment to the principle of equity. The report set out the main achievements and the challenges encountered during the period from August 2017 to June 2022. During that time, the Bureau had maintained a focus on supporting countries in their progress towards reducing health inequities, combating noncommunicable diseases (NCDs), and achieving universal health coverage. Measurable progress had been made in several countries towards reducing maternal deaths; eliminating communicable diseases such as malaria, lymphatic filariasis, and Chagas disease; and eliminating mother-to-child transmission of HIV and syphilis. At the same time, the Organization had faced two major, unexpected challenges: the COVID-19 pandemic and a severe financial crisis, both of which had developed into emergency situations that had put the Bureau’s technical cooperation at risk.

14. She pointed out that the COVID-19 pandemic had at once unmasked and magnified inequities and inequalities globally and in the Region of the Americas. The Bureau had adapted technical cooperation programs and interventions to incorporate and prioritize efforts to deal with the pandemic, while also continuing to provide support for other important health programs. She explained that, under the PAHO COVID-19 Response Strategy, PASB had provided Member States with strategic risk communication, capacity-building, technical guidance, and logistical support, as well as mobilizing financial and human resources at the national, subregional, and regional levels. The PAHO Regional Revolving Fund for Strategic Public Health Supplies had played a critical role in supporting Member States’ timely and affordable access to essential medicines and supplies, while mitigating stockouts caused by disruptions to the global supply chain. Meanwhile, the PAHO Revolving Fund for Access to Vaccines

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<sup>2</sup> The full text of the Director’s remarks may be found on the website of the 30th Pan American Sanitary Conference.



—a key pillar of the Bureau’s technical cooperation—had played a fundamental role in facilitating equitable access by Member States to quality, safe, and affordable vaccines, including COVID-19 vaccines. In her concluding remarks, the Director underscored that, notwithstanding the progress made, more challenges lay ahead on the path to achieving sustainable and equitable health for all by 2030 and preventing the reemergence of vaccine-preventable diseases.

15. In the discussion that followed, the Conference commended the Director for her unwavering commitment, determination, and leadership at a time of unprecedented crisis. It was considered that, under her stewardship, the Organization had become stronger, more resilient, and better prepared to weather the challenges that inevitably lay ahead. It was recognized that PASB had also undergone significant administrative and managerial change to ensure transparency, accountability, and ongoing relevance to Member States.

16. Delegates applauded the progress made in areas such as vaccine equity, universal health care, and maternal mortality. Gratitude was expressed for the critical support and technical cooperation that countries had received, particularly in the response to the COVID-19 pandemic and various natural disasters. The Bureau’s instrumental role in the procurement of medicines, supplies, technologies, and vaccines, including COVID-19 vaccines, was recognized, as was its efforts to provide early capacity-building and continuous support in testing and guidelines. The Bureau was also commended for its leadership in promoting solidarity and championing of gender equality and sexual and reproductive health and rights, despite a challenging political environment. Delegates underscored the need to apply the lessons learned from the pandemic to strengthen resilience to future health emergencies, including by strengthening the implementation of the International Health Regulations (2005) and building more regional capacity for vaccine production. The value of continued cooperation, dialogue, and regional solidarity was emphasized.

17. Delegates reported on the actions that their countries had taken to improve public health and deal with the pandemic. They also highlighted areas that they believed should continue to be the focus of future efforts, emphasizing the need to maintain hard-won gains in public health. It was pointed out that the Region of the Americas remained one of the most inequitable regions in the world. The importance of strengthening health systems in order to eliminate disparities, remove barriers to access, and achieve universal health coverage was emphasized, as was the need to address the social, economic, and environmental determinants of health. Action to address the health impacts of climate change was considered crucial. The need for increased attention to mental health was also stressed.

18. The Director expressed her gratitude to Member States for recognizing the work of the Bureau and emphasized that, together, PASB and Member States had the expertise and determination to go from strength to strength.

19. The Conference congratulated the Director and took note of the report.

B. *Health in the Americas* (Document CSP30/3)

20. Dr. Sebastián García Saisó (Director, Department of Evidence and Intelligence for Action in Health, PASB) introduced the 2022 edition of the Organization’s flagship publication, *Health in the Americas*, the theme of which was “The Impact of COVID-19.” He noted that the 2022 edition was the second to be produced in an online format on the Health in the Americas+ platform,<sup>3</sup> which provided interactive access to up-to-date information in real time and offered interoperability with other sources of online information, including PAHO’s core data indicators. It provided an overview of the health situation and illustrated the impact of the pandemic in the Region, highlighted the main problems affecting health, and presented lessons learned and guidance for protecting and improving public health. Dr. García Saisó underlined the importance of strengthening information systems for health and data governance in order to ensure access to quality data for evidence-based decision-making.

21. In the Conference’s discussion of the report, the transition of *Health in the Americas* to its online format was welcomed and the value of having access to comparable real-time information was highlighted. It was pointed out that, while data were unquestionably crucial to health decision-making, it was difficult to measure attitudes and behavior that affected health and to determine the factors that influenced how people acted and whether they chose to comply with public health measures, such as those put in place during the COVID-19 pandemic.

22. Dr. García Saisó expressed thanks to Member States for their collaboration in collecting and sharing data, stressing that the Health in the Americas+ platform was intended to be a tool that enabled Member States to have access to more and better data at the time and in the format needed.

23. The Director recalled that, up to 2017, *Health in the Americas* had been a hard-copy publication that presented data from the previous four or five years, which meant that the data were not up to date. The platform, on the other hand, made it possible to provide access to information in real time. It also gave a more complete picture of the health situation in the Region, as information was gathered from a variety of sources. The Bureau’s work on the platform went hand in hand with its efforts to assist Member States in strengthening their information systems for health.

24. The Conference took note of the report.

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<sup>3</sup> See <https://hia.paho.org>.

***Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas (Document CSP30/4)***

25. Dr. Heidi Jiménez (Legal Counsel, PASB) read out the rules of procedure for the election and explained the voting process. The President announced that the delegates of Curaçao and Puerto Rico would act as tellers.

26. In response to a proposal to have the ballots read aloud, the President noted that the rules of procedure governing the voting process had been made available to Member States well in advance of the election and that no objections or concerns had been raised. After further discussion—in which it was pointed out that the proposal seemed to call into question the integrity of the process and of the tellers and the Bureau staff overseeing the counting, and that reading out the ballots could compromise the secrecy of voting—the Conference agreed that the ballots should not be read aloud and that the procedure set out in the Rules Governing the Election Process for the Position of Director should be followed.

27. Four rounds of voting by secret ballot were conducted. Thirty-seven Member States were present and voting, and the required majority was 20.

28. In the first round, 37 ballots were cast, none being blank or invalid. Dr. Camilo Alleyne (Panama) received 10 votes; Dr. Jarbas Barbosa da Silva, Jr. (Brazil), 9; Dr. Florence Duperval Guillaume (Haiti), 4; Dr. Nadine Flora Gasman Zylbermann (Mexico), 10; and Dr. Daniel Salinas (Uruguay), 4.

29. In the second round, 37 ballots were cast, none being blank or invalid. Dr. Camilo Alleyne (Panama) received 12 votes; Dr. Jarbas Barbosa da Silva, Jr. (Brazil), 13; Dr. Florence Duperval Guillaume (Haiti), 1; Dr. Nadine Flora Gasman Zylbermann (Mexico), 11; and Dr. Daniel Salinas (Uruguay), 0.

30. In the third round, 37 ballots were cast, 1 being blank or invalid. Dr. Camilo Alleyne (Panama) received 17 votes and Dr. Jarbas Barbosa da Silva, Jr. (Brazil) received 19.

31. In the fourth round, 37 ballots were cast, none being blank or invalid. Dr. Camilo Alleyne (Panama) received 16 votes and Dr. Jarbas Barbosa da Silva, Jr. (Brazil) received 21.

32. The Conference adopted Resolution CSP30.R7, declaring Dr. Jarbas Barbosa da Silva, Jr., elected and submitting his name to the WHO Executive Board for appointment as Regional Director of the World Health Organization for the Americas.

33. Numerous delegates congratulated Dr. Barbosa on his election and pledged their countries' support for his work during his tenure as Director. They also paid tribute to the work of Dr. Etienne. At the suggestion of the Delegate of Brazil, the Conference adopted Resolution CSP30.R8, designating Dr. Etienne as Director Emeritus of the Pan American Sanitary Bureau as from the date of her retirement.

34. Dr. Barbosa thanked delegates for their expressions of support and committed to working with Member States to improve health and quality of life in the Region of the Americas. He also thanked those Member States that had nominated candidates, which clearly demonstrated their dedication to and respect for the Organization. The text of Dr. Barbosa's speech may be found on the website of the 30th Pan American Sanitary Conference.

35. Dr. Tedros Adhanom Ghebreyesus (Director-General, WHO) congratulated Dr. Barbosa and thanked the other candidates who had participated in the process. He looked forward to working with Dr. Barbosa and Member States to end the COVID-19 pandemic and catalyze progress towards the Sustainable Development Goals (SDGs) and the Triple Billion targets under the WHO Thirteenth General Programme of Work. He also thanked Dr. Etienne for her leadership during the ten years of her directorship and encouraged her to continue engaging actively in public health at the national, regional, and global levels.

36. The Director congratulated Dr. Barbosa and seconded his thanks to the Member States that had nominated candidates. She assured Member States that preparations had been made for a smooth transition.

***Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Costa Rica, Haiti, and Mexico (Document CSP30/5)***

37. The Conference elected Chile, the United States of America, and Uruguay to membership on the Executive Committee for a three-year period and thanked Costa Rica, Haiti, and Mexico for their service to the Organization (Resolution CSP30.R6).

**Program Policy Matters**

***Program Budget of the Pan American Health Organization 2022-2023: Proposed Amendments (Document CSP30/6)***

38. Dr. Carla Vizzotti (Representative of the Executive Committee) reported that the Executive Committee had been informed that the proposed amendments to the PAHO Program Budget 2022-2023 had resulted from an increase in the WHO allocation to the Regional Office for the Americas (AMRO). The Executive Committee had adopted Resolution CE170.R9, recommending that the Pan American Sanitary Conference approve the proposed amendments. The Committee had underscored the need to implement the increased funding effectively and efficiently.

39. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) explained that the proposed amendments would bring the PAHO Program Budget 2022-2023 to a total of US\$ 881.5 million,<sup>4</sup> a 28% increase with respect to the budget level approved by the 59th Directing Council in September 2021. Although the increase in the WHO allocation to the Americas for base programs represented a more equitable

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<sup>4</sup> Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

distribution of resources, he stressed that the increase related to budget space, not actual funding. Member State collaboration would therefore be important in advocating for full funding of the WHO allocation to the Region. As for the increase in funding for special programs, he noted that the figures were placeholders and had been updated to reflect the funding received thus far in 2022 and the continued demand for technical cooperation in the response to the COVID-19 pandemic and other emergencies. He explained that the increased funding would be allocated to the priority areas identified by Member States in the prioritization exercise conducted in 2021.

40. The Conference welcomed the increases in funding for the PAHO Program Budget 2022-2023 and thanked the Bureau for the report, which was seen as a contribution to transparency, accountability, and collaboration with Member States. General support was expressed for the proposed allocation of the increased funds from WHO across outcomes, although the Bureau was asked to explain the criteria used to allocate funding under the amended program budget, since some medium-priority outcomes had received a larger share of the funding than high-priority outcomes. It was emphasized that the Bureau should focus on strengthening action on noncommunicable diseases, climate-resilient health systems, immunization, and other priority issues identified by Member States, in addition to outbreaks and health emergencies such as the COVID-19 pandemic. It was also emphasized that flexible funds should be used to support technical programs that required additional financing to respond to emerging public health concerns or emergency situations.

41. It was noted that, in addition to receiving the smallest share of the WHO budget, the Region of the Americas had received a smaller increase than any other WHO region. It was also pointed out that, with the increase, funding from WHO would account for 43% of PAHO's budget for base programs. Given the historical shortfall in the receipt of the Region's allocation from WHO, the Bureau was urged to plan for potential gaps in funding and to put in place contingency measures to mitigate the potential risk of non-receipt of the full WHO allocation. The Bureau was also requested to report on the results and accomplishments made possible by the additional funding.

42. Mr. Maza explained that the proposal presented in the document reflected a cautious approach based on realistic expectations for funding. He assured Member States that the Bureau would continue to engage in resource mobilization efforts and work with WHO to ensure that the increased allocation to the Americas was accompanied by a corresponding increase in funding. He reiterated that Member State advocacy would also be important in securing the funds needed to fill the budget space. With regard to the allocation of the increased funding, he explained that the Bureau had collaborated with Member States in analyzing technical cooperation needs and funding gaps. It had also targeted areas for which it was difficult to mobilize resources and those that Member States had prioritized in the WHO program budget. He confirmed that the Bureau would issue a report on the allocation of resources and the results achieved at the end of the 2022-2023 biennium.

43. The Director thanked the Member States that had successfully advocated for an increase in the WHO allocation to the Region of the Americas and urged them to continue their advocacy efforts to ensure that the budget was funded, particularly since Member States had agreed to increase their assessed contributions to WHO.<sup>5</sup>

44. The Conference adopted Resolution CSP30.R1, approving the proposed amendments to the PAHO Program Budget 2022-2023 and encouraging PAHO Member States to continue advocating for an equitable share of WHO resources.

***Report of the End-of-biennium Assessment of the PAHO Program Budget 2020-2021/First Interim Report on the Implementation of the PAHO Strategic Plan 2020-2025 (Documents CSP30/7 and Add. I)***

45. Dr. Carla Vizzotti (Representative of the Executive Committee) reported that the Executive Committee had welcomed the report, considering it a crucial tool for accountability and transparency. The Committee had expressed concern about the lack of progress towards the impact targets of the PAHO Strategic Plan 2020-2025 and had recommended that the Bureau focus its resource mobilization efforts in the areas where the targets were currently not on track to be achieved.

46. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) introduced the report on the end-of-biennium assessment (Document CSP30/7) and summarized the findings. He pointed out that the assessment captured PAHO's story during an exceptionally trying time and in the future would serve as a resource illustrating how PAHO had grappled with the COVID-19 pandemic while facing a financial crisis and continuing to work towards the goals of the Strategic Plan. He explained that the report was divided into two parts: an executive summary, which presented an overview of key findings, and a comprehensive addendum with details of the assessment and the results achieved. In addition to the information presented in the report, a detailed report on the assessment conducted with Member States was available online on the PAHO Program Budget Portal.<sup>6</sup>

47. The Conference welcomed the report and voiced support for the recommendations put forward in the document. The assessment was seen as an opportunity to collectively take stock of progress, challenges, and lessons learned and also as a valuable resource to guide action in the current biennium. Delegates noted that the impact of the pandemic was evident in the results attained, particularly in terms of the lack of progress towards the impact goals of the PAHO Strategic Plan 2020-2025, with only 9 out of the 35 on track to be achieved by the end of 2025. As socioeconomic inequities within and across countries continued to impact health outcomes, a collective high-level commitment to tackling determinants of health, was considered essential to achieve the desired health impacts.

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<sup>5</sup> See Resolution WHA75.8, available at: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA75-REC1/A75\\_REC1\\_Interactive\\_en.pdf#page=1](https://apps.who.int/gb/ebwha/pdf_files/WHA75-REC1/A75_REC1_Interactive_en.pdf#page=1).

<sup>6</sup> Available at: <https://open.paho.org/>.

48. It was pointed out that, while the pandemic had caused enormous difficulties, it had also highlighted the importance of public health and catalyzed efforts to improve emergency response. It had also pointed out the importance of investing in health. The Bureau was again encouraged to focus its resource mobilization efforts and resource allocation decisions on addressing funding gaps for critical programmatic areas currently off track. Member States were urged to pay their assessed contributions on time and in full in order to provide the funding needed to enable the Bureau to execute the Organization's approved program of work.

49. Mr. Maza, noting that the report was the culmination of the joint assessment carried out by the Bureau and Member States, agreed that it was important to continue addressing gaps. He pointed out that it was difficult to attract voluntary contributions for some priority areas and thanked Member States for drawing attention to the need for timely payment of assessed contributions. He assured the Conference that the Bureau would continue to monitor the situation and ensure that everything possible could be done to continue addressing the priorities that Member States had identified.

50. The Conference took note of the report.

***Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work (Document CSP30/8)***

51. Dr. Carla Vizzotti (Representative of the Executive Committee) reported that the Executive Committee had welcomed the policy and its renewed focus on achieving the Sustainable Development Goals by addressing the social determinants of health. It had been suggested that the policy should incorporate an intercultural approach to health, respect for different approaches to health care, and a greater emphasis on the role of international cooperation and the exchange of best practices among Member States. The Executive Committee had adopted Resolution CE170.R12, recommending that the Pan American Sanitary Conference approve the policy.

52. Dr. Gerry Eijkemans (Chief, Health Promotion and Social Determinants Unit, PASB) pointed out that the Region was not on track to meet the SDGs, including SDG 3 on health. The proposed policy identified a course of action and a strategic framework to recover the progress lost during the COVID-19 pandemic, urgently accelerate work towards the achievement of the SDGs, and construct a sustainable development model that prioritized equity and inclusiveness. It called for coordinated action among sectors, institutions, and levels of government. She noted that staff from across PASB had participated in the development of the policy, which was aligned with various other PAHO policies and strategies. She thanked Member States for their active participation in the consultative process.

53. In the discussion that followed, the Conference welcomed the policy and its renewed focus on achieving the SDGs by addressing social determinants of health. The policy's focus on multisectoral efforts and equity as a cross-cutting issue was applauded, as was its alignment with regional and global strategies. It was suggested that

the policy should include more practical steps that could be adapted to national contexts. The Bureau was encouraged to mobilize additional resources and provide technical assistance to support Member States in achieving the SDGs, particularly through the exchange of best practices.

54. It was noted that the pandemic had exacerbated existing health challenges, including mental health issues and noncommunicable diseases, and had disproportionately impacted disadvantaged groups, marginalized communities, Indigenous populations, migrants, persons of African descent, and older persons. It was emphasized that primary health care should be strengthened through the involvement of communities and local governments. The involvement of youth in health decision-making and in global health diplomacy was also encouraged.

55. Member States were urged to prioritize prevention and education, address gender disparities in access to services, invest in training for health workers, develop effective policies related to alcohol and other harmful products, promote healthy foods, and protect public health policies from outside interests. Support was expressed for addressing the social determinants of health through evidence-based action and a whole-of-society approach, with a focus on equity. The inclusion of issues affecting lesbian, gay, bisexual, transgender/transsexual, and intersex persons in the policy was welcomed. The need for health solutions to consider family and social contexts was stressed. Disaggregated data to measure both inequities in health and the effectiveness of policies were considered essential. The need for improvements in analytical tools and data collection systems was also highlighted.

56. Member States were also encouraged to maintain their commitment to guaranteeing the right to health and sustainable development and to involving all sectors, including the private sector, in promoting health and addressing its determinants. The need to strengthen the leadership of the health sector in promoting intersectoral coordination at the highest levels of government was emphasized, as was the need to continue advocating for increased investment in health.

57. Dr. Eijkemans applauded Member States for committing to close the gap between commitments and action and for recognizing the urgent need to tackle health inequities through intersectoral collaboration, pointing out that the achievement of SDG 3 required progress on other SDGs. She affirmed that the Bureau would continue to support Member States in addressing the social determinants of health and noted that it was developing an action plan with concrete, practical measures to meet the specific needs of Member States. The Bureau would also continue to support capacity-building to promote cross-cutting action in governance, a focus on equity in health systems and services, the participation of communities and local governments, resource mobilization, and the exchange of best practices.

58. Dr. Marcos Espinal (Acting Assistant Director, PASB) noted that the policy's focus on equity was particularly apt, since the Region of the Americas continued to have the highest rate of inequality of the six WHO regions. He stressed the importance of



community participation, civil society engagement, and the empowerment of local governments in addressing the wide-ranging social determinants of health. He expressed confidence that, if Member States embraced the policy's five strategic lines of action, significant progress could be made towards achieving the SDGs and improving lives in the Region.

59. The Conference adopted Resolution CSP30.R2, approving the Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work.

***Policy for Improving Mental Health (Document CSP30/9)***

60. Dr. Carla Vizzotti (Representative of the Executive Committee) reported that the Executive Committee had adopted Resolution CE170.R2, recommending that the Pan American Sanitary Conference approve the Policy for Improving Mental Health. The Committee had welcomed the policy's focus on vulnerable and marginalized populations. Delegates had highlighted the link between mental health and social, economic, and environmental health determinants and underscored the need for an integrated, intersectoral, whole-of-government approach to mental health.

61. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB), presenting the policy, pointed out that good mental health was not just vital to health but to social and economic well-being. He noted that the COVID-19 pandemic had increased the burden of mental health issues, exacerbated health inequities, and caused significant and sustained disruptions to essential services, including mental health services. As the unique challenges posed by the pandemic were likely to last well into future, building stronger, more resilient mental health systems was essential. The policy was aimed at providing Member States with strategic and technical guidance on the successful development and implementation of strategies and initiatives to strengthen mental health, within the larger framework of development and in the context of the COVID-19 pandemic and beyond.

62. The Conference welcomed the policy, recognizing the need to prioritize community-based approaches and integrate mental health services in primary health care. Delegates acknowledged that the pandemic had affected the mental health and well-being of populations, exacerbated existing inequalities, and increased risk factors for suicide. It was pointed out that mental health disorders disproportionately affected those living in vulnerable situations or facing systemic and structural inequities. It was considered critical to remove barriers to access to mental health and psychosocial support services, including through telehealth services, for lesbian, gay, bisexual, and transgender persons, children and adolescents, older persons, persons with disabilities, and persons living in rural and other medically underserved areas. The Bureau was asked to provide additional guidance and technical cooperation to support Member States in speeding the transition away from medicalized and institutional approaches to mental health and substance abuse disorders and towards community-based care.

63. Several delegates drew attention to the adverse effects of climate change, natural disasters, and other emergencies on the mental health of populations, emphasizing the need to integrate mental health considerations and psychosocial support into disaster risk planning, preparedness, and management. The need to give due attention to the mental health needs of health care workers in general, and those working in high-stress emergency situations in particular, was also underscored. The importance of training to increase the availability of mental health professionals and improve care at the primary care level was highlighted. Education to promote understanding of mental health was also seen as important, and it was suggested that such education should start early and continue throughout the life course. A number of delegates called for more research and data on the impact of the pandemic and post-COVID-19 condition (also known as “long COVID”) on mental health, in particular of children, adolescents, and young people. It was suggested that the policy should give greater attention to the importance of combating stigma and discrimination associated with mental health conditions and psychological disorders.

64. Representatives of non-State actors in official relations with PAHO drew attention to the need to address the specific mental health needs of nurses, especially those who had been involved in caring for COVID-19 patients, and for increased support and resources for children and adolescents—in particular those orphaned during the pandemic—many of whom were at increased risk of experiencing mental health issues.

65. Dr. Hennis said that the Bureau would take into account the comments of Member States and non-State actors in the implementation of the policy, noting in particular the requests for increased emphasis on the mental health of health workers.

66. Dr. Marcos Espinal (Acting Assistant Director, PASB) observed that it was crucial to give equal importance to mental health and physical health in order to prevent mental ill-health from becoming the next global pandemic. He affirmed that the Bureau stood ready to assist Member States in implementing the policy.

67. The Conference adopted Resolution CSP30.R3, approving the Policy for Improving Mental Health.

***Policy on Integrated Care for Improved Health Outcomes (Document CSP30/10)***

68. Dr. Ritesh Dhanpat (Suriname, Representative of the Executive Committee), summarizing the Executive Committee’s discussion of this item, said that the Committee had welcomed the proposed policy and expressed strong support for its four strategic lines of action, which were considered timely and necessary to advance towards universal health coverage and the achievement of the health-related SDGs. The Executive Committee had adopted Resolution CE170.R3, recommending that the Pan American Sanitary Conference approve the policy.

69. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB), introducing the proposed policy, noted that fragmentation in health service delivery was a pervasive problem affecting the organization, management, and delivery

of health care, greatly impeding equitable access to health and affecting people's health outcomes, experiences of care, and satisfaction with health systems. The policy provided a general strategic framework and wide-ranging policy options to assist Member States in addressing fragmentation and implementing integrated care.

70. The Conference welcomed the proposed policy, which could serve as a blueprint for constructing people-centered integrated health systems, as well as building equity and maximizing resources. Delegates agreed that the COVID-19 pandemic had exposed and amplified existing weaknesses in health systems, exacerbated health inequities, and focused attention on the need to build integrated and responsive systems. It was pointed out that, while the pandemic had revealed gaps and weaknesses in health systems, it had also put health firmly on political agendas; the post-pandemic recovery period therefore offered a critical opportunity to strengthen health systems and improve the integration and coordination of care. The importance of ensuring equitable and timely access to health care services—without exposing users to financial difficulties or high out-of-pocket expenses—was underscored.

71. It was considered vital to invest in primary health care to build integrated health systems that were equitable, accountable, affordable, accessible, and people-centered. The need for investments in technology, including digital health technology, to transform primary care and health service delivery was highlighted. The importance of taking account of racial, cultural, linguistic, and gender considerations was underscored, as was the need to promote the empowerment and engagement of individuals and communities in improving their health. The importance of maintaining a highly skilled workforce was identified as central to achieving integrated health care.

72. Representatives of several non-State actors made statements on this item, urging Member States to remove barriers to access to health care and medicines for vulnerable populations and accelerate the adoption of evidence-based policies and programs; incorporate responsible self-care to empower people to take their health and well-being into their own hands; establish effective programs for persons living with chronic kidney disease; and implement multidisciplinary approaches to primary health care.

73. Dr. Fitzgerald recalled that, as of December 2021, countries across the Region had continued to report severe disruptions to essential health services as a result of the pandemic. He encouraged Member States to participate in the fourth round of the global pulse survey on continuity of essential health services during the pandemic, the results of which would be used to guide the Bureau's provision of technical cooperation. As Member States had highlighted, substantial health system transformation was necessary to address the fragmentation in health care systems, eliminate barriers to access, reduce inequities in health, and ensure continuity of care, with a particular focus on primary health care. Health financing was a critical issue. Although improvements had been made over the past decade, the proportion of gross domestic product devoted to health was still far from the 6% goal agreed by Member States in 2014.<sup>7</sup>

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<sup>7</sup> See Document CD53/5, Rev. 2 and Resolution CD53.R14 (2014).

74. The Director commended Member States for embracing the principles underlying the goal of universal health and recognizing the need for reforms to achieve that objective. She affirmed that fragmentation in health systems constituted a major barrier to achieving universal health and leaving no one behind. Transformation of health systems to provide integrated, comprehensive care that encompassed curative, preventive, and rehabilitative services was essential to deliver essential, equitable, quality care, strengthen disease prevention, and prevent future pandemics. It was no easy undertaking, and Member States would need to take a comprehensive approach with a view to building resilient and integrated health systems. If requested, the Bureau could develop a toolkit to assist Member States in that endeavor.

75. The Conference adopted Resolution CSP30.R4, approving the Policy on Integrated Care for Improved Health Outcomes.

***Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies (Document CSP30/11)***

76. Dr. Carla Vizzotti (Representative of the Executive Committee) reported that the Executive Committee had adopted Resolution CE170.R4, recommending that the Pan American Sanitary Conference approve the policy. The Committee had agreed on the need for streamlined regulatory processes to meet demand for health products and to prepare for future health emergencies. The Committee had also noted that efforts to strengthen local and regional capacity for the manufacture of medical products would have to be accompanied by efforts to ensure robust regulatory systems.

77. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) presented an overview of the policy, pointing out that, while the Region of the Americas had been at the forefront of efforts to strengthen regulatory systems, regulatory capacity among Member States remained highly heterogeneous. There was therefore a need to redouble efforts to improve regulatory oversight within and across countries for all health technologies. The proposed policy was intended to guide future country and regional action to strengthen regulatory systems for medicines and other health technologies.

78. The Conference voiced strong support for the policy and applauded the Bureau's efforts to promote the strengthening of regulatory systems for all health technologies. Delegates noted that the COVID-19 pandemic had highlighted the need to strengthen capacity in order to ensure equitable access to safe, effective, and quality medicines and other health technologies; build local and regional capacity for the manufacture of medical products; and improve the response to future health emergencies. Strengthening regulatory systems was considered crucial to prevent the distribution of falsified and substandard products. It was emphasized that efforts to strengthen regulatory systems for medicines and other health technologies should be led by health authorities. The link between the policy and the Action Plan on Health and Resilience in the Americas, adopted at the IX Summit of the Americas in June 2022, was noted.

79. Delegates underscored the need to continue working towards regulatory harmonization and convergence and acknowledged the importance of reliance on regulatory decisions from other jurisdictions. They also stressed the need for coordination and transparent sharing of information between regulatory authorities. In that connection, the importance of networks such as the Pan American Network for Drug Regulatory Harmonization, the Central American Network of Regulatory Authorities for Medicines and Other Technologies, and the Caribbean Regulatory System was noted, as was the need for guidance in using the list of transitional WHO-listed authorities. The importance of training was highlighted, and it was suggested that demand for training should be systematized with a view to optimizing the implementation of regulatory training programs.

80. Dr. Fitzgerald observed that Member States had highlighted four key areas of focus for work under the policy, the first being the development of national regulatory capacity through processes of evaluation. Closely related to that was the transition to the WHO Global Benchmarking Tool as the single global mechanism for the evaluation of regulatory capacity and also a mechanism to support greater integration of regulatory systems. Secondly, Member States had called for continued cooperation towards convergence and harmonization in regulatory norms, standards, and processes. Thirdly, Member States had highlighted the need for regional manufacturing capacity and self-sufficiency in the production of medicines and other health technologies and the attendant need for regulatory systems with the capacity to provide the necessary oversight of production processes, market authorization, and post-marketing surveillance. Lastly, Member States had underscored the need for national regulatory bodies with the capacity to take decisions based on sound scientific evidence. Dr. Fitzgerald assured Member States that the Bureau would continue to support Member States in all of those areas.

81. The Director said that it was clear that, after the experience of the COVID-19 pandemic, Member States recognized the need to strengthen national regulatory authorities in order to ensure their independence and enable the Region to move towards regulatory harmonization and achieve self-sufficiency in the production of safe, high-quality, efficacious vaccines, medicines, and other health technologies. She affirmed that the Bureau would continue to support Member States at the national and subregional levels.

82. The Conference adopted Resolution CSP30.R12, approving the Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies.

***Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response (Document CSP30/12)***

83. Dr. Ritesh Dhanpat (Representative of the Executive Committee) reported that the Executive Committee had adopted Resolution CE170.R5, recommending that the Pan American Sanitary Conference approve the proposed strategy. Delegates had considered that the strategy would contribute to greater cooperation and synergies among

countries, facilitate the detection of both existing and emerging pathogens, enable countries to be better prepared for future health emergencies, and foster greater global health security.

84. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) introduced the proposed strategy and outlined its four strategic lines of action, noting that the application of new genomic sequencing and bioinformatics technologies in recent years had enabled a timelier response to outbreaks and epidemics. He pointed out that the Region of the Americas was at high risk for the emergence and reemergence of epidemic- and pandemic-prone pathogens and that it was therefore important to consolidate and expand capacity for genomic surveillance.

85. In the ensuing discussion, Member States expressed firm support for the proposed strategy and for its multisectoral “One Health” approach. Delegates acknowledged the value of genomic surveillance to enable timely identification of pathogens with epidemic potential and rapid response and design targeted interventions to curb their spread. The importance of such surveillance in border zones and other migrant transit areas was highlighted. It was considered essential to strengthen capacity for genetic sequencing and analysis at the national level, particularly in light of the difficulty of shipping infectious materials owing to biosafety concerns. The importance of building on influenza and severe acute respiratory syndrome (SARS) genomic surveillance activities to strengthen overall genomic surveillance capacity was emphasized. A number of delegates requested capacity-building support from the Bureau, also noting the need for support for the exchange of information and experiences, the expansion of laboratory networks in the Region, and South-South cooperation. Technical cooperation in areas such as bioinformatics and metadata management was also requested.

86. Delegates stressed the need to ensure the sustainability of genomic surveillance. To that end, it was considered essential to work with various networks and to put in place arrangements for data- and benefit-sharing. One delegate highlighted the importance of including more specialists from English-speaking countries and territories in the COVID-19 Genomic Surveillance Network of the Americas (COVIGEN) to complement the work of experts from non-English-speaking countries, while another noted the need to integrate regional mechanisms into global systems such as the International Pathogen Surveillance Network (IPSN) and the WHO Hub for Pandemic and Epidemic Intelligence.

87. Dr. Ciro Ugarte assured the Conference that the Region collaborated closely with the global level. He expressed gratitude to the Member States that had supported training in the Region, thanks to which more than 30 countries were now able to perform genetic sequencing at the national level and the Region had the capacity to conduct genomic surveillance at the regional level, exchange information, and provide the world with key information for the response to the current COVID-19 pandemic and other health emergencies, thereby contributing to both regional and global health security.

88. The Director congratulated Member States on their progress in developing their capacity for genomic surveillance. She noted, however, that fewer countries were testing for COVID-19 at present and that it was not possible to conduct genomic surveillance without genetic material obtained from testing. She emphasized the importance of timely reporting and exchange of surveillance data for emergency preparedness and response.

89. The Conference adopted Resolution CSP30.R9, approving the Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response.

***Keeping the Region of the Americas Free of Polio (Document CSP30/19, Rev. 1)***

90. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Health Promotion and Life Course, PASB) introduced the report on this item, noting that poliomyelitis outbreaks could occur as a result of the reintroduction of wild poliovirus type 1 or circulation of vaccine-derived poliovirus. The risk of a resurgence of poliomyelitis, which had been eliminated in the Americas in 1994, was currently a serious concern, as vaccination coverage rates had fallen, particularly during the COVID-19 pandemic, setting the Region back by 27 years. Moreover, there had been a decline in the quality of surveillance of acute flaccid paralysis. He stressed that, following the confirmation of a case of poliomyelitis and the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) in one country of the Region, it was imperative to take immediate action to bring vaccination and surveillance rates back up to their recommended levels and keep the Region free of polio.

91. In the Conference's discussion of the report, delegates expressed concern about the recent poliovirus outbreaks in various countries around the world and acknowledged that an urgent response was needed. At the same time, delegates agreed that eradication remained possible and suggested that the current situation represented an opportunity to take decisive action and once and for all consign poliomyelitis to the history books. Member States were encouraged to take part in the Berlin pledging event in October 2022 and contribute to the funding needed to enable the full implementation of the global Polio Eradication Initiative Strategy 2022-2026.

92. Member States were also urged to formulate and implement risk mitigation and outbreak response plans; take steps to boost vaccination coverage rates, not only for polio but for all vaccine-preventable diseases; and strengthen surveillance systems and step up poliovirus surveillance. The importance of risk communication in combating vaccine hesitancy and encouraging vaccine uptake was underscored, and the value of community empowerment and involvement in vaccination campaigns and other risk mitigation efforts was highlighted. A delegate drew attention to the need for access to novel oral poliovirus vaccine type 2 to counter the risk of importation of wild poliovirus and circulating vaccine-derived virus.

93. Dr. De Francisco Serpa, noting that an assessment by the Regional Commission for the Certification of Polio Eradication in the Region of the Americas had determined that a significant number of countries in the Region were at risk for the reintroduction of polio, emphasized the need for urgent action. He pointed out that it was also essential to

continue implementing the strategic lines of action of the Policy on Reinvigorating Immunization as a Public Good for Universal Health, adopted in 2021,<sup>8</sup> including advocacy at the highest levels of government, integration of immunization programs into the primary health care system, and strengthening of human resource capacities for immunization.

94. The Director welcomed Member States' commitment to increasing poliovirus vaccination coverage, which was urgently needed. She stressed that it was essential to increase vaccination coverage for all vaccine-preventable diseases, pointing out that the Region faced a high risk of measles outbreaks if coverage levels were not improved quickly. She recognized that Member States were still grappling with the COVID-19 pandemic but encouraged them to consider conducting special vaccination campaigns to complement their routine immunization programs. The PAHO Technical Advisory Group (TAG) on Vaccine-preventable Diseases had formulated specific recommendations, which would be communicated to Member States, and the PAHO/WHO representatives would provide support at country level.

95. The Conference adopted Resolution CSP30.R13, urging Member States to develop and implement prioritized and targeted polio mitigation plans and requesting the Director to provide technical cooperation and promote collaboration among Member States in the implementation of such plans.

#### **Administrative and Financial Matters**

##### ***Report on the Collection of Assessed Contributions (Documents CSP30/13, Add. I and Add. II)***

96. Dr. Ritesh Dhanpat (Representative of the Executive Committee) reported that the Executive Committee had been informed that one Member State was in arrears to the extent that it was subject to Article 6.B of the PAHO Constitution. The Committee had thanked those Member States that had made payments in 2022 and urged other Member States to pay their outstanding contributions as soon as possible.

97. Mr. Esteban Alzamora (Acting Director, Department of Financial Resources Management, PASB) reported that 16 Member States, Participating States, and Associate Members had paid their 2022 contributions in full, 7 had made partial payments, and 19 Member States had yet to make any payments for 2022. Over the previous decade, there had been a deterioration in the rate of receipt of assessed contributions, the outstanding balance of which at year end had increased from \$24 million in 2011 to \$74.8 million in 2021. As of 26 September 2022, \$98 million of the \$180 million due on 1 January 2022 had been collected. A total of \$82 million remained outstanding. As of 31 August 2022, the Organization had utilized \$21.5 million from the available cash balance of the Working Capital Fund in order to meet its commitments. Mr. Alzamora noted that prompt payment of both accumulated arrears and the balance of the current 2022 assessments was imperative for the full, effective implementation of the Organization's program of work.

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<sup>8</sup> See Document CD59/10 and Resolution CD59.R13 (2021).



98. Ms. Adriana Salazar González (Costa Rica, Chair of the Working Party to Study the Application of Article 6.B of the PAHO Constitution) presented the report of the Working Party (Document CSP30/13, Add. II), noting that the Working Party had met on 26 and 27 September 2022 to review the status of collection of assessed contributions and had found that one Member State, the Bolivarian Republic of Venezuela, was more than two full years in arrears in the payment of its assessed contributions and was therefore subject to the suspension of its voting privileges, pursuant to Article 6.B of the PAHO Constitution. The Working Party had been informed that the Bolivarian Republic of Venezuela had made no payments since May 2017, nor had the Venezuelan Government submitted any correspondence to the Bureau since 2020 regarding a deferred payment plan. In the light of that information, the Working Party recommended that the country's voting rights should remain suspended and that its situation should be examined again at the start of future sessions of the Governing Bodies.

99. In the ensuing discussion, Member States were urged to make every effort to pay their assessed contributions in a timely manner in order to ensure that the Organization could achieve financial stability and carry out its full program of work. The Bureau was encouraged to continue reporting on the collection of assessed contributions.

100. The Delegate of the Bolivarian Republic of Venezuela said that her Government was well aware of its responsibility to pay its assessed contributions, but appealed to the Conference to take account of the reasons for its arrears, namely the economic sanctions that had been imposed on the country, as a result of which its assets abroad had been frozen.

101. The Director appealed to all Member States to prioritize support for the Organization by paying their assessed contributions and thanked the Member States that had already made timely payments. She noted that in the previous 10 years there had been no increase in assessed contributions, as a result of which Member States' contributions to the Organization had decreased in real terms. While she recognized that the pandemic had caused economic difficulties for many Member States, the issue of unpaid contributions predated the pandemic and jeopardized PAHO's ability to deliver much-needed technical cooperation for the pandemic response. Moreover, assessed contributions were the primary source of flexible funding to support priority program areas for which it was difficult to mobilize voluntary contributions.

102. The Conference adopted Resolution CSP30.R5, expressing appreciation to those Member States that had already made payments for 2022, urging all Member States to meet their financial obligations to the Organization in an expeditious manner, and requesting the President of the Pan American Sanitary Conference to notify the Delegation of the Bolivarian Republic of Venezuela that its voting rights remained suspended.

***Financial Report of the Director and Report of the External Auditor for 2021 (Official Document 365)***

103. Dr. Carla Vizzotti (Representative of the Executive Committee) summarized the presentations made to the Executive Committee by the Bureau and the External Auditor, the National Audit Office of the United Kingdom of Great Britain and Northern Ireland. In the Committee's discussion, support had been voiced for the External Auditor's recommendations, particularly those relating to risk management, transparency and accountability, strategic planning, and increasing the visibility of the Bureau's contributions to the achievement of the outcomes of the PAHO Strategic Plan. The External Auditor's comments regarding arrears of assessed contributions had also been acknowledged.

104. The Conference welcomed the unqualified audit opinion on the financial statements for 2021, which was considered to be a significant achievement in the context of the COVID-19 pandemic and the financial difficulties that the Organization had faced, and expressed gratitude to the Director and the Bureau staff for their commitment to prudent financial management. The Bureau's efforts to achieve sustained regional health gains while also contending with the ongoing challenges associated with the COVID-19 pandemic were applauded.

105. It was noted with concern that, as a result of the arrears in assessed contributions in 2021, the Bureau had exhausted the Working Capital Fund and had been obliged to borrow \$42 million in additional unrestricted funds in order to meet its financial obligations. Member States were encouraged to pay their contributions in full and on time to enable PAHO to continue its critical work. In addition, while the steps taken by the Bureau to proactively manage staff benefit liabilities were welcomed, concerns expressed about the potential long-term risk to the Organization, especially given inflationary trends and market instability. The Bureau was encouraged to ensure the full implementation of the recommendations of the External Auditor.

106. Mr. Esteban Alzamora (Acting Director, Department of Financial Resources Management, PASB), recalling that the authorized level of the Working Capital Fund had been increased from \$25 million to \$50 million, reported that, as of August 2022, \$21.5 million of the balance of the Fund had been utilized. He emphasized that, unless assessed contributions were paid in a timely manner, the Bureau would continue to be obliged to deplete the Fund in order to meet the Organization's financial obligations. He noted that the Bureau was assessing how best to fund staff benefit liabilities, which included after-service health insurance, in line with the actuarial study.

107. The Director welcomed the Organization's tenth consecutive unqualified audit opinion and assured Member States that the Executive Management of the Bureau was committed to maintaining the highest standards of transparency, accountability, and responsibility with regard to the financial resources entrusted to the Organization. She assured Member States that the recommendations of the External Auditor would be implemented. Lastly, she urged Member States to pay their assessed contributions

on time so that the Bureau could better plan and implement the programs that it had been charged with delivering.

108. The Conference took note of the report.

***Amendments to the Financial Regulations and Financial Rules of PAHO (Document CSP30/14)***

109. Dr. Carla Vizzotti (Representative of the Executive Committee) reported that the Executive Committee had considered an amendment to the Financial Regulations to limit the term of office of the Organization's External Auditor to four years, with the option to extend the mandate for two additional years. The Executive Committee had adopted Resolution CE170.R7, recommending that the Pan American Sanitary Conference approve the amendment to the Financial Regulations.

110. The Conference adopted Resolution CSP30.R10, amending the Financial Regulations of the Pan American Health Organization pertaining to the term of office for the External Auditor.

***Programming of the Budget Surplus (Document CSP30/15)***

111. Dr. Carla Vizzotti (Representative of the Executive Committee) reported that the Executive Committee had been informed of the Bureau's proposed allocation of the 2020-2021 budget surplus totaling approximately \$24.6 million, of which approximately \$21.3 million would be moved to the Working Capital Fund and the remaining \$3.3 million would be moved to the Master Capital Investment Fund. The Executive Committee had adopted Resolution CE170.R8, recommending that the Pan American Sanitary Conference approve the allocation of the 2020-2021 budget surplus.

112. The Conference adopted Resolution CSP30.R11, approving the allocation of the 2020-2021 budget surplus.

***Update on the Appointment of the External Auditor of PAHO for 2024-2025 and 2026-2027 (Document CSP30/16)***

113. Dr. Carla Vizzotti (Representative of the Executive Committee) reported that the Executive Committee had been informed that the term of the Organization's current External Auditor, the National Audit Office of the United Kingdom of Great Britain and Northern Ireland, would expire in 2023, and that it would therefore be necessary to appoint a new External Auditor to serve for the next two bienniums, 2024-2025 and 2026-2027.

114. Mr. Esteban Alzamora (Acting Director, Department of Financial Resources Management, PASB) said that the nomination process had been initiated when a note verbale had been sent to all Member States in August 2022 and that nominations were due in January 2023. He explained that, in accordance with the Financial Regulations, the External Auditor must be of international repute, a criterion that applied to members of the International Organization of Supreme Audit Institutions or other audit

associations, as well as those accredited with the World Bank or other international financial institutions or government agencies. The nominee must also be able to work in multilingual environments and deliver reports in English. He strongly encouraged all Member States to nominate candidates that met those criteria.

115. The Director said that the External Auditor provided a vital service for the Organization; however, it had been difficult in the past to fill the position, owing to a lack of qualified candidates. She therefore appealed to Member States to nominate suitable candidates.

116. The Conference took note of the report.

### **Selection of Member States to Boards and Committees**

#### ***Selection of One Member State from the Region of the Americas Entitled to Designate a Person to Serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (Document CSP30/17)***

117. The President announced that two candidates had been proposed for selection, Cuba and Guatemala.

118. The Delegate of Cuba said that her country would withdraw its candidacy in order to allow Guatemala an opportunity to serve on the Joint Coordinating Board. She emphasized that Cuba would remain committed to and actively engaged in the work of the Special Programme.

119. The Conference adopted Decision CSP30(D6), selecting Guatemala as the Member State entitled to designate a person to serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

### **Awards**

#### ***PAHO Award for Health Services Management and Leadership 2022 (Document CSP30/18)***

120. Dr. Carla Vizzotti (Representative of the Executive Committee) reported that the Award Committee for the PAHO Award for Health Services Management and Leadership, made up of the delegates of Argentina, Brazil, and Mexico, had met during the 170th Session of the Executive Committee in June 2022. After examining the information on the candidates nominated by Member States, the Award Committee had decided to recommend that the PAHO Award for Health Services Management and Leadership 2022 be conferred on Ms. Carla Gabriela Romero Pérez, from the Plurinational State of Bolivia, in recognition of her work in combating arboviruses and vector-borne diseases, including dengue, chikungunya, and Zika virus disease, control of the *Aedes aegypti* mosquito, and distribution of the first doses of the COVID-19 vaccine throughout Bolivia.

121. The President, noting that the awardee had, sadly, passed away in 2021, conferred the award posthumously on Ms. Carla Gabriela Romero Pérez.

122. H.E. Héctor Enrique Arce Zaconeta (Ambassador and Permanent Representative of the Plurinational State of Bolivia to the Organization of American States) accepted the award on behalf of Ms. Romero Pérez, noting that she had been at the forefront of the fight against COVID-19 in Bolivia and had lost her life in an aviation accident while carrying out her work as an epidemiologist.

### **Matters for Information**

#### ***Update on the COVID-19 Pandemic in the Region of the Americas (Document CSP30/INF/1, Rev. 1)***

123. Dr. Carla Vizzotti (Representative of the Executive Committee) reported on the Executive Committee's discussion of the update on COVID-19 pandemic in the Region presented in June 2022, noting that the Committee had recognized the need to continue responding to the pandemic through vaccination and other public health measures. The Committee had considered it essential to continue strengthening the resilience of health systems and services, enhance epidemiological surveillance, and boost regional capacity for the production of vaccines, medicines, and other strategic health supplies in order to be better prepared to respond to future health emergencies.

124. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) presented an overview of the current COVID-19 situation in the Region, pointing out that, although case numbers were declining at both the global and the regional levels, more than 300,000 cases had been reported in the previous week at the global level, with around a third of them occurring in countries of the Americas. He reviewed the actions taken by the Bureau and Member States in response to the pandemic and stressed the need to assess the response and identify the lessons learned in order to be better prepared for future health emergencies. He reported that, to that end, the Director had commissioned an external independent evaluation to assess PASB's performance.

125. Dr. Ugarte noted that the new WHO Strategic Preparedness and Response Plan aimed to end the COVID-19 emergency in 2022 and transition from acute pandemic response to sustained control. He cautioned that, while some countries had already begun that transition, others remained in acute response mode and had seen substantial increases in cases in recent weeks, which was a reminder that the pandemic was not over. There was still a risk that a more virulent and highly transmissible virus variant would emerge, against which current vaccines would be less effective and/or immunity against severe disease and death would wane rapidly.

126. In the ensuing discussion, the Conference expressed appreciation to the Bureau for its unwavering support and guidance over the course of the pandemic. Delegates acknowledged that, despite recent decreases in cases in some countries, COVID-19 posed an ongoing threat in the Region, particularly as vaccination coverage in some countries remained low. Member States noted that lack of vaccines and other critical

health supplies, coupled with heavy dependence on imported products, had been a major challenge during the pandemic, and underlined the need to boost regional capacity for the production of vaccines, medicines and other health technologies. The need to continue strengthening health systems and services, surveillance, and laboratory capacity was also noted.

127. Delegates expressed concern that the Region as a whole had not met the WHO vaccination coverage target of 70% by June 2022. The need to continue working to ensure equitable access to vaccines and combat vaccine misinformation and vaccine hesitancy was stressed. In that connection, a delegate pointed out that one of the lessons learned from the pandemic was that countries that were left behind initially in terms of vaccine supply had found it difficult to catch up, particularly as vaccine hesitancy had built up over time. Another delegate noted that the pandemic had highlighted the crucial role of the first level of care and the need to maintain essential health services, including mental health services, while responding to a health emergency. Delegates welcomed the independent external evaluation of the pandemic response, which would afford the opportunity to identify interventions that had been successful and challenges that needed to be addressed in order to prepare for future health emergencies.

128. Dr. Ugarte observed that the importance attached to investment in health during the pandemic seemed to have waned as the pandemic began to recede, and such investment was now a lower priority. Nevertheless, it remained essential to continue investing in resilient health systems and services if the Region was to be ready for the next health emergency, which would inevitably come.

129. The Director commended Member States for their response to the pandemic, noting that it had tested the mettle of all leaders. The pandemic had yielded many lessons, and it was imperative to put those lessons to use. She assured Member States that the Bureau would share the findings of the independent external evaluation and encouraged them to conduct their own evaluations. The Bureau would work with Member States to address the challenges and remedy the deficiencies laid bare by the pandemic to enable them to be better prepared to confront the next pandemic. In meantime, she stressed that it was important to remember that the current pandemic had not ended. The Region must remain vigilant and expand vaccination coverage, especially among older persons and other populations most at risk. She emphasized the importance of enlisting the support of community leaders and members in risk communication efforts.

130. The Conference took note of the report.

***Report on Strategic Issues between PAHO and WHO (Document CSP30/INF/2)***

131. Dr. Carla Vizzotti (Representative of the Executive Committee) reported on the Executive Committee's consideration of an earlier version of the report, noting that the Committee had underscored the importance of participation by the countries of the Region in the global processes aimed at strengthening WHO preparedness and response to health emergencies.

132. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) outlined the content of the report, noting that it presented information focused on matters related to leadership and governance, including sustainable financing of WHO, and accountability and transparency. He expressed thanks to the Member States of the Region for their active engagement in the important global discussions on sustainable financing and on strengthening preparedness and response to health emergencies and affirmed that the Bureau stood ready to continue working with Member States to facilitate such engagement and to organize regional consultations as needed or requested. He also thanked Member States for their advocacy of a more equitable distribution of WHO funds, which had resulted in an increased allocation to the Region of the Americas, but noted that there were still funding gaps and that ongoing collaboration with Member States and colleagues at WHO would therefore be required.

133. In the Conference's discussion of the report, delegates underlined the importance of close communication and collaboration between PAHO and WHO and welcomed the ongoing work to improve WHO governance, accountability, and transparency. The Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance was seen as an opportunity for the Region to contribute to a stronger WHO. The work to strengthen WHO preparedness for and response to health emergencies was also welcomed, and it was pointed out that the Region of the Americas was uniquely positioned to provide strong guidance on that work. It was noted that WHO, along with the World Bank, would be an implementing partner in the new Financial Intermediary Fund for Pandemic Prevention, Preparedness, and Response, and the need to ensure that all Member States had the opportunity to contribute to the formulation of the Fund's investment strategy was highlighted.

134. Continued participation by the Member States of the Region in all the global processes under way was considered critical, as were consultations at the regional level to consolidate regional positions and thereby increase the Region's impact in global negotiations. It was considered especially important to ensure that the views of small island States were taken into account in the negotiations on possible amendments to the International Health Regulations and on a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. The importance of ensuring transparent, inclusive, consensus-based processes with realistic time frames was emphasized.

135. Delegates stressed the need to ensure that the views of all Member States were represented, including those that were not members of or in a leadership position on any of the global negotiating or governance bodies. Those Member States that were in such positions were encouraged to seek out the views of other Member States from the Region and, wherever possible, to present regional perspectives as well as their own national perspectives. It was suggested, for example, that the Member States of the Americas might speak with a single voice on the importance of advancing gender equality. The Bureau was asked to continue facilitating Member State engagement, including through the organization of regional consultations.

136. The increase in WHO funding for the Region was welcomed, as it would further strengthen the Organization's capacity to assist Member States in the Region. The importance of additional funding for strengthening PAHO's capacity to implement and oversee programs to combat sexual exploitation and abuse was highlighted.

137. Mr. Maza reiterated that the Bureau would continue to support Member States' participation in global discussions, noting that in October and November it planned to hold regional consultations on the intergovernmental negotiating process on a WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response. With regard to WHO financing for the Region, he reported that the WHO Secretariat had committed to provide \$1.6 million specifically for activities related to the prevention of sexual exploitation and abuse.

138. The Conference took note of the report.

***Regional Consultation on the Programme Budget 2024-2025 of the World Health Organization (Document CSP30/INF/3)***

139. Mr. Imre Hollo (Director, Planning, Resource Coordination, and Performance Monitoring, WHO) introduced the concept note on the draft proposed program budget of WHO for 2024-2025 (contained in the annex to Document CSP30/INF/3), recalling that Member States had identified five areas in which improvement was needed in the development of the program budget. First, Member States wished to see a more diligent and disciplined prioritization process; that need had been particularly emphasized by the Member States of the Region of the Americas. Second, Member States wished to be more involved in the program budget development process. Third, they wanted a simpler, shorter, and easier-to-understand budget document, although they also wished to have more detail on certain aspects of the budget. Fourth, Member States wished to see greater efficiency and to understand how resources would be used to achieve maximum results. Lastly, they wished to have greater clarity about how assessed contributions would be used and, in particular, how the gradual increase in assessed contributions, approved by the Seventy-fifth World Health Assembly (see footnote 5 above), would be distributed and used.

140. In the ensuing discussion, the importance of investing in health was highlighted, and it was pointed out that, as had become evident during the COVID-19 pandemic, investing in health yielded high dividends, whereas failing to invest in health had a heavy price. Further investment in health was seen as key to delivering on the Thirteenth General Programme of Work of WHO and accelerating progress towards the health-related Sustainable Development Goals.

141. The emphasis on prioritization was welcomed. It was pointed out that Member States wished to understand how the WHO program budget was developed and costed and how country- and regional-level prioritization drove budget allocations. The prioritization criteria set out in the document were considered useful. It was noted that defining the criteria to be used across regions would improve consistency and transparency and ensure that results would be comparable. Mr. Hollo was asked to



comment on how the priorities identified at the global level might be narrowed down. He was also asked to provide additional information on the WHO Secretariat's plan to direct flexible resources towards high-priority outputs and explain how that approach would affect the current practice of using such resources to offset funding gaps in areas that did not attract earmarked resources.

142. While the value of focusing on areas where the most progress could be made was recognized, it was emphasized that the needs of the most vulnerable and marginalized populations must not be neglected. The continued commitment to accountability, compliance, and risk management was applauded. It was considered crucial for those areas, and other aspects of governance strengthening, to remain priorities at all three levels of the Organization. The need for clarity with regard to the application of the agreed increases in assessed contributions was emphasized. It was stressed that the Region of the Americas should be apportioned a fair share of the increased funding and that the Region should receive the entirety of its allocation.

143. Mr. Hollo, noting the comments regarding investment in health, said that WHO had recently developed a new investment case that indicated that investing in WHO would provide a return of at least \$35 for every dollar invested. He assured Member States that accountability and compliance, including strengthening of prevention of and response to sexual exploitation, abuse, and harassment, would be a focus in the program budget. Regarding the use of the increases in assessed contributions, there was no firm plan, but the WHO Secretariat was committed to ensuring that the anticipated initial increase of \$200 million would be allocated primarily to strengthening country offices, although it would also be necessary to take into account the results of the prioritization exercise. Advice and guidance would be sought from Member States as to how, exactly, the funds should be used.

144. The Director stressed the importance of ensuring that Member States were fully engaged in the prioritization process and that the process was transparent. She affirmed that the Bureau would facilitate further discussions on the WHO program budget 2024-2025.

#### ***Implementation of the International Health Regulations (Document CSP30/INF/4)***

145. Dr. Carla Vizzotti (Representative of the Executive Committee) reported that, after reviewing an earlier version of the report, the Executive Committee had affirmed the central role of the International Health Regulations (IHRs) (2005) in the global health architecture, while also acknowledging that the COVID-19 pandemic had revealed weaknesses in the Regulations that must be addressed. Support had been expressed for the consideration of targeted amendments to the Regulations. To ensure the participation of all Member States, it had been suggested that a mechanism should be established to provide for rotation among the members of the Working Group on Amendments to the International Health Regulations.

146. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) summarized the information presented in the report, which covered the period

from 1 July 2021 to 15 July 2022. He noted that, during the reporting period, 106 acute public health events had been identified and assessed in the Region. In 73% of those cases, national authorities had been the initial source of information, representing a positive trend in the timely and transparent sharing of information. Given that there were currently three ongoing public health emergencies of international concern—namely COVID-19 pandemic, monkeypox, and the risk of international spread of poliovirus—Dr. Ugarte encouraged Member States to designate national professionals to serve on the IHR Roster of Experts.

147. In the discussion that followed, the Conference welcomed the progress made in implementing the Regulations and commended PASB for its efforts to support Member States in that endeavor, noting that the COVID-19 pandemic had thoroughly tested the Regulations and exposed gaps in the global health security architecture. It was suggested that the Regulations were strong on preparedness, but weaker when it came to triggering an urgent, coordinated, and comprehensive global response. It was considered important to evaluate the usefulness of the Regulations during the pandemic and, in particular, their impact on the epidemiological curve.

148. Inconsistent and inadequate implementation of the Regulations was identified as a major issue. The shortage of human resources and the heterogeneity of the countries of the Region, including in terms of the financial resources at their disposal, were cited as barriers to achieving full implementation. Delegates emphasized the need to improve detection, surveillance, and communication; gather, systematize, and share experiences and lessons learned from the pandemic; and give due consideration to humanitarian issues.

149. Strong support was expressed for the consideration of targeted amendments to the Regulations. It was emphasized that, while the discussions on potential amendments were ongoing, sustained efforts to strengthen IHR core capacities and implement the existing Regulations must continue. The Bureau was urged to continue supporting countries in that regard. Stricter compliance with the Regulations, and with a possible new international instrument, was considered essential to preparing for and responding to threats posed by disease outbreaks, epidemics, and pandemics. A delegate suggested that future iterations of the Regulations should include implementation guidance and tools that were relevant to small island developing States, including overseas territories.

150. Member States were urged to participate actively in the Working Group on Amendments International Health Regulations to ensure that the different priorities of the subregions were represented. It was underscored that the Working Group and the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response should work in an inclusive, collaborative, and transparent manner to avoid duplication and errors and align work plans and timelines. The WHO Director-General's 10 proposals to strengthen the global architecture for health emergency preparedness, response, and resilience were noted, and the need for a stronger more coherent, inclusive, and equitable architecture was underscored.

151. Dr. Sylvain Aldighieri (Deputy Director, Department of Health Emergencies, PASB) said that the monitoring of core capacities in small island developing States was considered challenging and complex. Although discussions on the issue had been put on hold over the past 24 months owing to the pandemic, to date the consensus had been to adapt existing tools to better reflect the realities of small island developing States and promote joint efforts between State Parties and overseas territories to make progress on core capacities.

152. The Director called upon Member States to engage fully in the various processes that were currently under way to review the Regulations in the context of the pandemic. She reported that the Bureau planned to convene a one-day retreat to address a number of important issues, including those processes. She added that the Bureau would facilitate a meeting of ministers of health in the Region with a view to establishing a joint position on the various initiatives and ensure that the Region's voice was heard, that its experience of dealing with outbreaks and emergencies was shared, and that its needs, priorities, and specificities were addressed.

153. The Conference took note of the report.

***Monitoring of the Resolutions and Mandates of the Pan American Health Organization (Document CSP30/INF/5)***

154. Dr. Ritesh Dhanpat (Representative of the Executive Committee) reported that the Executive Committee had examined the Bureau's report on the item and had been informed that during the period between 1999 and 2021, a total of 363 resolutions had been sunset. The remaining 143 resolutions had been classified as active, conditionally active, or ready to sunset.

155. Gratitude was expressed to the Bureau for its efforts to monitor the resolutions and mandates of the Organization.

156. The Conference took note of the report.

***Strategy and Plan of Action on Psychoactive Substance Use and Public Health: Final Report (Document CSP30/INF/6)***

157. Dr. Ritesh Dhanpat (Representative of the Executive Committee) reported that the Executive Committee had stressed the negative consequences of psychoactive substance use and emphasized the need for an intersectoral, multidisciplinary, and integrated approach, involving governments and international partners, as well as local communities and families. Delegates had noted the need for an emphasis on evidence-based action and highlighted the importance of collecting scientific data on the consumption of psychoactive substances and the effectiveness of implemented treatments and strategies.

158. In the discussion that followed, the Conference applauded the progress made under the strategy and plan of action, noting that almost all of the targets had been

exceeded. Delegates described national actions that had been taken in implementing the plan, including developing national plans on psychoactive substance use, and emphasized the value of an integrated approach, encompassing multisectoral collaboration and societal involvement, in order to promote physical, psychological, and social well-being for those suffering from addiction.

159. It was noted that, although there had been much progress, much remained to be done. Delegates highlighted the need for increased resource allocation, prevention and education campaigns, strengthening of diagnosis and treatment of substance use problems at the primary care level, and human resources capacity-building to improve access to quality care for those affected. It was considered important to conduct studies and engage in coordinated international action to curb the spread and use of new and emerging drugs such as 3,4-methylenedioxy-methamphetamine (MDMA, also known as ecstasy or molly) and fentanyl. The need to respect the human rights of those suffering from addiction was emphasized, as was the need to avoid punitive approaches that failed to address the root causes of substance use problems. The importance of public health and community-based approaches was stressed.

160. Dr. Anselm Hennis (Director, Department of Non-Communicable Diseases and Mental Health, PASB) noted that Member States had increased budget allocations to address the issue of psychoactive substance use and implemented evidence-based programs for prevention, treatment, and rehabilitation. However, progress had been uneven and there had been some regression as a result of the COVID-19 pandemic. It was therefore necessary to scale up efforts to tackle both existing challenges and new ones, including the emergence of novel psychoactive substances. It was also important to improve the quality of information and data on psychoactive substance use in the Region.

161. The Director commended Member States for exceeding most of the targets of the Plan of Action, but emphasized that further effort was needed, as substance use problems remained prevalent and continued to cause death, disability, and societal violence in the Region. Although the period covered by the strategy and plan of action had ended, the Bureau would continue to provide technical cooperation to support Member States in addressing the issue.

162. The Conference took note of the report.

***Strategy and Plan of Action on Epilepsy: Final Report (Document CSP30/INF/7)***

163. Dr. Ritesh Dhanpat (Representative of the Executive Committee) summarized the Executive Committee's discussion of the final report, noting that the Committee had acknowledged the negative impact of the COVID-19 pandemic on health services for persons with epilepsy and highlighted the importance of strengthening capacity for the timely diagnosis and treatment of epilepsy at the primary care level.

164. In the discussion that followed, the Conference recognized the progress made in the implementation of the strategy and plan of action, but pointed out that, despite the relatively low cost of prevention and treatment of epilepsy, the condition remained a

leading cause of years of life lost. Delegates also highlighted the setbacks caused by the COVID-19 pandemic in the diagnosis and treatment of neurological disorders and called on PASB to facilitate programmatic actions focused on primary prevention, disease surveillance, availability of anti-seizure medications, and timely access to treatment. It was suggested that non-surgical therapies, such as transcranial magnetic stimulation for drug-resistant epilepsy, should be studied. Several delegates noted the need to combat stigma and discrimination associated with epilepsy. A representative of the International League Against Epilepsy welcomed the adoption of the Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders 2022–2031 and offered his organization's support to Member States in closing the treatment gap and advancing research on the disease.

165. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) commended Member States on their work in advancing the strategy and plan of action. He acknowledged that the COVID-19 pandemic had led to severe disruptions in mental health and neurological services. He affirmed the importance of combating the stigma and social isolation that affected persons with epilepsy and of improving awareness and knowledge about the disease, as well as of gathering robust evidence through surveillance. He also emphasized the need to close the treatment gap and affirmed that PASB would continue to provide technical support to Member States to achieve those goals.

166. The Conference took note of the report.

***Plan of Action to Reduce the Harmful Use of Alcohol: Final Report (Document CSP30/INF/8)***

167. Dr. Ritesh Dhanpat (Representative of the Executive Committee) reported that the Executive Committee had been informed that, while four of the five objectives of the Plan of Action to Reduce the Harmful Use of Alcohol had been achieved, the actions taken had been insufficient to lead to measurable progress in reducing the consumption and harmful use of alcohol in the Region.

168. The Conference welcomed the progress made under the plan of action, while also acknowledging that further action was needed to tackle the harmful use of alcohol in the Region. PASB was commended for its leadership in developing alcohol-related policies despite its chronic lack of funds. Several delegates described their countries' efforts to prevent the harmful use of alcohol, noting that the alcohol industry had taken advantage of the additional socioeconomic challenges brought about by the COVID-19 pandemic. A representative of a non-State actor highlighted the need to combat alcohol industry efforts to influence government policies on alcohol and promote its sale and use. The need to focus prevention efforts on vulnerable populations, especially youth, was emphasized. The need to include a gender perspective in future actions was also highlighted, as was the need to address social problems linked to the harmful use of alcohol, such as violence towards women, children, and older persons.

169. The Bureau was encouraged to continue promoting actions to reduce the harmful use of alcohol by drafting a new regional plan to encompass all stages of life and socioeconomic situations, developing targeted solutions at the subregional level, strengthening joint research initiatives on the effects of alcohol on health and the efficacy of related policies and programs, and creating a technical guide to mitigate conflicts of interest and the influence of the alcohol industry. The Bureau was also encouraged to continue developing cost-effective tools that relied on artificial intelligence and machine learning such as “Pahola,” the virtual health specialist designed by PASB to increase awareness of the impact of alcohol on health.

170. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) noted that longitudinal studies clearly showed that there was no benefit from alcohol consumption, which remained extremely high in the Region. He agreed that the influence of the alcohol industry and the confusion surrounding messaging were some of the major challenges and applauded Member States for their continued efforts to address alcohol consumption among youth. He explained that the solutions with the greatest impact included regulatory measures targeting alcohol access, affordability, marketing, and sponsorship, as well as monitoring and enforcement mechanisms to increase compliance. He also emphasized strengthening the institutional capacity of health authorities to improve governance, transparency, and accountability and to manage conflicts of interest. He pointed out that advocacy was an important tool, noting that “Pahola” could be used to increase capacity for sharing information about alcohol use. Lastly, he encouraged Member States to continue to implement the WHO Global Alcohol Action Plan 2022-2030, the Global Strategy to Reduce the Harmful Use of Alcohol, and the WHO SAFER initiative.

171. The Conference took note of the report.

***Strategy and Plan of Action on Urban Health: Final Report (Document CSP30/INF/9)***

172. Dr. Ritesh Dhanpat (Representative of the Executive Committee) summarized the Executive Committee’s discussion of the report, noting that the Committee had pointed out that the Region of the Americas was not only the most urbanized region in the world but also the most inequitable. The importance of working towards sustainable, green, and healthy urban mobility systems had been stressed, and the Bureau had been encouraged to work with Member States on multisectoral initiatives to promote the development of such systems.

173. In the Conference’s discussion of the report, delegates commended the significant progress made and welcomed the fact that almost all of the specific objectives of the strategy and plan of action had been achieved or even exceeded. The Bureau was requested to reevaluate strategies for eliminating barriers to engaging in work on urban health while also redirecting support equitably where capacity was weak or nonexistent. It was pointed out that future urban growth was expected to take place in developing countries, where many people had inadequate housing and transportation, poor sanitation

and waste management, and poor air quality. It was considered essential to address such social determinants of health, including through urban planning and policies, in order to achieve the health-related Sustainable Development Goals, and it was pointed out that doing so would also contribute to reducing health risks such as noise stressors and barriers to physical activity.

174. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Health Promotion and Life Course, PASB) emphasized that the pandemic had served to underscore the importance of urban development and policies that contributed to improved health and well-being. He assured Member States that the Bureau would continue to work on urban health, most notably through activities carried out in the context of the Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work (see paragraphs 51 to 59 above) and the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030,<sup>9</sup> both of which covered aspects of urban health. He underscored that improving urban health required an intersectional approach, with city-led actions being supported by other levels and sectors of government, including ministries of health.

175. Dr. Marcos Espinal (Acting Assistant Director, PASB) emphasized that, while much progress had been made on urban health, efforts to ensure that health was taken into account in urban settings, including in urban planning processes, were only just beginning. As cities in the Region were overcrowded, polluted, and lacking in basic services, efforts would likely need to continue well beyond 2030 and the Sustainable Development Goals.

176. The Conference took note of the report.

***Plan of Action for Disaster Risk Reduction 2016-2021: Final Report (Document CSP30/INF/10)***

177. Dr. Ritesh Dhanpat (Representative of the Executive Committee), summarizing the Executive Committee's discussion of this item, noted that the Committee had emphasized the need for long-term investment to enhance the resilience of health systems and services. The Bureau had been encouraged to continue providing support to further strengthen disaster risk management and response in Member States and to reduce the health consequences of disaster situations.

178. In the Conference's discussion of the report, delegates welcomed the progress made under the plan of action and expressed appreciation for the tools, support, and training provided with regard to disaster risk reduction, management, and response. It was pointed out that the COVID-19 pandemic had underscored the importance of routine disaster risk reduction programs and the need to improve the resilience of national health systems. It was stressed that a whole-of-society approach, based on comprehensive and sustainable measures, was necessary to enable countries—and the Region as a whole—

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<sup>9</sup> See Document CD57/10 and Resolution CD57.R10 (2019).

to address, mitigate, and overcome the multidimensional consequences of disasters. The Organization was considered the ideal forum in which countries could work together and share common approaches, methods, and strategies.

179. The Bureau was encouraged to develop a new plan of action for disaster risk reduction to strengthen existing capacities to respond to multiple hazards and institutionalize actions already taken to prevent deaths, disabilities, injuries, and psychosocial trauma caused by disaster events. The importance of giving due consideration to both the mental health and physical health impacts of disasters and emergencies was highlighted. The need for intercountry cooperation and collaboration with specialized agencies to enhance technical capacity to respond to health emergencies and natural and human-caused disasters was also emphasized. It was considered necessary to incorporate mitigation actions and measures for adaptation to climate change and to make health facilities greener and smarter, such as by installing greener sources of energy. PASB was urged to support Member States in implementing Safe Hospitals initiatives and projects geared towards mitigation and response activities.

180. Dr. Alex Camacho (Regional Advisor, Emergency Preparedness and Disaster Risk Reduction, PASB) underscored the importance of incorporating gender, disability, and Indigenous perspectives into disaster risk reduction planning, response, and management. He also emphasized the need to ensure a closer link between disaster risk assessment and the development of Member States' core capacities under the International Health Regulations. He noted that the Safe Hospitals and Smart Hospitals programs would be expanded, with a view to creating a broader, more integrated initiative to improve the resilience of health care services.

181. The Conference took note of the report.

***Health Technology Assessment and Incorporation into Health Systems: Final Report (Document CSP30/INF/11)***

182. Dr. Ritesh Dhanpat (Representative of the Executive Committee) reported on the Executive Committee's discussion of the report, noting that delegates had reaffirmed their support for the health technology assessment (HTA) initiative, underlining the importance of such assessments for decision-making regarding the incorporation of new technologies in health systems. The importance of improving access to health technology assessment databases and networks was highlighted.

183. In the subsequent discussion, the Conference affirmed the importance of health technology assessment as a tool for transparent, evidence-based decision-making regarding the incorporation and rational use of new health technologies and described the steps their countries had taken to strengthen HTA capacity. The need for training of human resources in HTA was underscored, as was the importance of exchanges of experts and information between countries. The valuable role played by the Health Technology Assessment Network of the Americas (RedETSA) in that regard was recognized.



184. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) pointed out that health technologies were the main driver of increased costs in the health sector and that strengthening HTA capacity was thus an essential aspect of efforts to achieve health systems that were equitable, inclusive, efficient, and effective. Significant progress had been made under the HTA initiative, but continued effort was needed to address the gap between generation of evidence and its use in decision- and policymaking, the lack of qualified human resources, and the need for greater institutionalization of HTA, with appropriate legal frameworks and governance mechanisms for such assessments.

185. Dr. Marcos Espinal (Acting Assistant Director, PASB) agreed that much progress had been made, but emphasized the importance of continued work in the areas identified in the final report as requiring further action to improve the situation. He highlighted, in particular, the need to increase the availability of local data.

186. The Conference took note of the report.

***Progress Reports on Technical Matters (Documents CSP30/INF/12, A-E)***

***A. Plan of Action for Cervical Cancer Prevention and Control 2018-2030: Progress Report***

187. Dr. Ritesh Dhanpat (Representative of the Executive Committee) reported that Executive Committee members had reaffirmed their commitment to controlling and eliminating cervical cancer as a public health problem in the Region. Delegates had noted the impact of the COVID-19 pandemic on access to vaccination against the human papillomavirus (HPV), Pap smear testing, and oncological diagnostic and treatment services, and had underscored the need to build more resilient health systems capable of sustaining such services while also responding to a health emergency.

188. In the discussion that followed, the Conference stressed that, although preventable, cervical cancer was still one of the leading causes of death among women in the Region. Delegates highlighted the need to establish national cancer registries in order to have accurate, up-to-date information on all cancers. The need to produce clear, consistent, and culturally adapted information on cervical cancer was emphasized. Delegates also noted the need to improve HPV screening and HPV vaccination uptake and combat the spread of misinformation regarding vaccines. The need to ensure cervical cancer screening for all people with a cervix, including some transgender men and others who did not identify as women or girls, was highlighted.

189. Dr. Anselm Hennis (Director, Department of Non-Communicable Diseases and Mental Health, PASB) expressed confidence that cervical cancer would be the first cancer, and the first noncommunicable disease, to be eliminated in the Region and in the world. He noted, however, that, substantial work remained to be done to achieve that goal. Although the HPV vaccine had been included in national immunization programs in almost all countries and territories of the Americas, the COVID-19 pandemic had negatively affected vaccination coverage, and HPV testing had not progressed well.

While the number of countries supporting cervical cancer screening programs had increased, no new cancer registries had been established, and that gap in information needed to be addressed. The Bureau would continue to provide technical cooperation to Member States to ensure that the targets of the plan of action were met by 2030.

190. The Director, noting that cervical cancer continued to claim some 38,000 lives a year in the Americas, urged Member States to step up their efforts to prevent and eventually eliminate the disease. She affirmed the importance of including all people with a cervix in those efforts.

191. The Conference took note of the report.

*B. Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030: Progress Report*

192. Dr. Ritesh Dhanpat (Representative of the Executive Committee) reported that the Executive Committee had welcomed the progress made under the plan of action but acknowledged the need to continue working to ensure access to essential health services, including sexual and reproductive health services, for women, children, and adolescents. The Committee had expressed support for the actions proposed in the report to improve the situation in the Region.

193. In the Conference's discussion of the progress report, Member States reaffirmed their commitment to achieving the goals of the plan of action and to reducing inequalities affecting the health of women, children, and adolescents in the Region. Delegates described national actions that had been taken to implement the plan, including initiatives to improve sexual and reproductive health services for women and adolescents and protect their sexual and reproductive rights, prevent sexual and gender-based violence, reduce maternal and infant mortality, and promote breastfeeding. They noted, however, that there was still much to be done, particularly as the COVID-19 pandemic had disrupted essential health services for women, children, and adolescents. The need to prioritize essential services for lesbian, gay, bisexual, transgender, and other gender- and sexuality-diverse persons was highlighted. Member States were encouraged to include attention to the needs of Indigenous peoples in the strategic lines of action of the plan. The importance of an integrated life-course approach to women's, children's, and adolescents' health was emphasized, as was the importance of disaggregated data to inform interventions. A representative of a non-State actor drew attention to the harmful effect of alcohol on women, children, and adolescents and urged Member States adopt policies and implement actions to reduce alcohol use.

194. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) recalled that, during the discussions that had led to the adoption of the plan of action, Member States had agreed that women's, children's, and adolescents' health was a wide-ranging area. He pointed out that the approach taken under the plan of action avoided the fragmentation of vertical programs that focused narrowly on women's health, children's health, or adolescent health and fostered intersectoral coordination in protecting the health of women, children, and adolescents.

It also provided a powerful platform for reducing inequities among different population groups and ensuring that no one was left behind. He assured Member States that PASB would continue to provide technical support on aspects of the plan of action that had seen less progress.

195. The Conference took note of the report.

*C. Plan of Action for Strengthening Information Systems for Health 2019–2023: Progress Report*

196. Dr. Ritesh Dhanpat (Representative of the Executive Committee) summarized the Executive Committee's discussion of the progress report, noting that the Committee had highlighted the importance of digital tools in the response to the COVID-19 pandemic and other health emergencies and stressed that innovations in health information systems should serve to enhance the accessibility, efficiency, and effectiveness of health services and generate evidence for use in public health decision-making and policy development.

197. In the ensuing discussion, the Conference noted the valuable role that information technology played in advancing and democratizing access to health and reducing health inequalities. Delegates also emphasized the importance of timely access to quality information for decision-making, and highlighted the need to strengthen information system management and governance in order to address the fragmentation of current information systems. Member States were encouraged to participate in networks such as the Latin American and the Caribbean Network for Strengthening Health Information Systems (RELAC SIS) and the American Network for Cooperation in the Development of eHealth (RACSEL), which afforded the opportunity to share expertise and lessons learned.

198. Dr. Sebastián García Saisó (Director, Department of Evidence and Intelligence for Action in Health, PASB) observed that the need for more and better data had been repeatedly emphasized in the Conference's discussions on the various policies and strategies put forward. The importance of disaggregating data in order to identify health gaps and reduce inequalities had also been highlighted. He noted that Member States had made substantial progress since the adoption of the plan of action in 2019. Nevertheless, there was a need to continue advancing in the comprehension of key concepts, such as interoperability, digital literacy, artificial intelligence, and the Internet of things. There was also a need to rethink health care models, understanding the potential of digital health; modernize legal and regulatory instruments; facilitate timely access to critical data in the right format; and adjust public policies so that the progress achieved thus far would be truly sustainable.

199. The Director recalled that Member States had been appealing for support in strengthening information systems for health for the past decade. In response, the Bureau had created the Department of Evidence and Intelligence for Action in Health and had allocated resources for the strengthening of health information systems. It had also developed the Information Systems for Health Maturity Assessment Tool (IS4H-MM),

which was being used by the Inter-American Development Bank in allocating loans to Member States. She stressed that the ultimate goal of digital transformation was to improve health systems for the peoples of the Region.

200. The Conference took note of the report.

*D. Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025: Midterm Review*

201. Dr. Ritesh Dhanpat (Representative of the Executive Committee) reported that in the Executive Committee's discussion of the midterm review, delegates had reaffirmed their commitment to the elimination of industrially produced trans-fatty acids and expressed support for the actions recommended in the progress report to improve the situation. The importance of information campaigns to educate the public about the risks associated with consumption of trans-fatty acids had been highlighted, as had the importance of legal and regulatory measures to limit the use of such fats in food production.

202. In the discussion that followed, the Conference described policies that had been developed and actions taken at the national level to restrict or prohibit the use of industrially produced trans-fatty acids in foods and replace them with healthy fats. Delegates emphasized the importance of reducing the consumption of trans fats in promoting well-being and preventing chronic noncommunicable diseases. The importance of transparency in food production practices in order to build trust among consumers was highlighted. A representative of a non-State actor congratulated Member States for progress in the implementation of the plan of action, but urged them to increase their efforts, which were crucial to reducing noncommunicable diseases in the Region.

203. Dr. Anselm Hennis (Director, Department of Non-Communicable Diseases and Mental Health, PASB) noted that consumption of industrially produced trans-fatty acids (IPTFAs) continued to contribute to a significant number of deaths in the Region and that much work was still needed to increase awareness of the harmful effects of such fats and the benefits of their elimination. Although headway had been made in protecting populations from such fats, progress in restricting IPTFA content to no more than 2% of total fat content in food products had been slow, as had progress in prohibiting the production, importation, distribution, sale, and use of products containing IPTFAs in excess of 2%. Although the target for the number of countries requiring standardized labelling of partially hydrogenated oils in ingredient lists had been achieved, there had been less success in terms of requiring front-of-package labeling and putting in place mechanisms to enforce compliance with IPTFA elimination policies. He encouraged Member States to continue working to eliminate industrially produced trans-fatty acids and assured them of the Bureau's ongoing support for their efforts.

204. The Conference took note of the report.

*E. Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies: Progress Report*

205. Dr. Ritesh Dhanpat (Representative of the Executive Committee) reported that the Executive Committee had emphasized the need to promote fair pricing, market transparency, and local production of medicines and other health technologies. The Committee had endorsed the actions proposed in the progress report to improve the situation.

206. In the subsequent discussion, Member States reaffirmed their commitment to the implementation of the policy and described national policies and actions to reduce the cost of and improve access to medicines and other health technologies. The importance of promoting local production of medicines, vaccines, and other technologies was underscored. Public-private partnerships were identified as a useful strategy to stimulate the production of medicines and other health products, enhance access, and reduce dependence on imported products. Countries and other stakeholders were encouraged to support the WHO COVID-19 Technology Access Pool (C-TAP) initiative and to share their intellectual property, knowledge, data, and licenses in a transparent and non-exclusive manner. The value of sharing experiences and lessons learned in efforts to reduce the prices of medicines was highlighted, as was the importance of increasing the prescription of generic medicines. It was considered of utmost importance to strengthen subregional and regional joint procurement mechanisms. In that connection, it was pointed out that the PAHO Strategic Fund for Public Health Supplies offered the opportunity to enhance access to high-quality medicines and health technologies at affordable prices, even for smaller countries that required relatively small quantities.

207. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) noted that one of the principal factors in rising health care expenditure across the Region was the cost of medicines and health technologies, which was increasing at a faster rate than any other cost. He highlighted the negative consequences—noted in the report—of taking a fragmented approach to access to medicines and focusing only on regulatory issues, procurement, and other subcomponents of the issue. A holistic policy approach was required to address the complexity of the issues that affected the availability and affordability of medicines and other health technologies. Dr. Fitzgerald also noted that the generic medicine penetration rate remained low in Latin America and the Caribbean and that much work needed to be done to regulate generic medicines and ensure their integration, deployment, and prescription.

208. The Conference took note of the report.

***Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO (Documents CSP30/INF/13, A-C)***

- A. *Seventy-fifth World Health Assembly*
- B. *Fifty-first Regular Session of the General Assembly of the Organization of American States*
- C. *Subregional Organizations*

209. Dr. Ritesh Dhanpat (Representative of the Executive Committee) reported that the Executive Committee had examined earlier versions of the reports on the resolutions and other actions of the Seventy-fifth World Health Assembly and of various subregional bodies considered to be of particular interest to the PAHO Governing Bodies. The importance of subregional integration organizations in facilitating subregional participation and consolidating regional positions on global health matters had been highlighted.

210. In the Conference's discussion of the reports, the important role of subregional bodies such as the Southern Common Market (MERCOSUR) and the Community of Latin American and Caribbean States (CELAC) in encouraging consensus on global issues was again highlighted. Member States were encouraged to work towards establishing unified positions on matters of international relevance, such as the possible amendments to the International Health Regulations (2005) and the negotiations on a new WHO instrument on pandemic prevention, preparedness, and response. Attention was drawn to the CELAC health strategy, which aimed to promote solidarity and coordination among the countries of the subregion in tackling health challenges.

211. Dr. Godfrey Xuereb (Head, Country and Subregional Coordination, PASB) noted that the Bureau had taken steps to strengthen the three subregional coordination offices with a view to better supporting subregional health initiatives and ensuring that health issues remained on high-level political agendas in the Region.

212. The Conference took note of the report.

**Other Matters**

213. During the 30th Pan American Sanitary Conference, no other matters were discussed.

**Closure of the Session**

214. Following the customary exchange of courtesies, the President declared the 30th Pan American Sanitary Conference closed.

## **Resolutions and Decisions**

215. The following are the resolutions and decisions adopted by the 30th Pan American Sanitary Conference:

### ***Resolutions***

#### ***CSP30.R1: Program Budget of the Pan American Health Organization 2022 2023: Proposed Amendments***

##### ***THE 30th PAN AMERICAN SANITARY CONFERENCE,***

Having reviewed the document *Program Budget of the Pan American Health Organization 2022-2023: Proposed Amendments* (Document CSP30/6);

Having considered that, during the 75th World Health Assembly in May 2022, Member States approved the proposed revision to the Programme budget 2022-2023 of the World Health Organization (WHO) with an overall increase of US\$ 604.4 million,<sup>1</sup> including an increase of the Regional Office for the Americas' portion of the Program Budget of the Pan American Health Organization (PAHO) 2022-2023 of \$39.5 million in base programs;

Having considered that the increase in available funds and the technical cooperation needs for outbreak and crisis response and the Smart Hospitals initiative imply the need to revise the special programs segment of the PAHO Program Budget 2022-2023;

Noting that the proposed revisions to the PAHO Program Budget 2022-2023 consider the evolving context and impact of the ongoing COVID-19 pandemic at global, regional, and country levels;

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraph 3.5, of the Financial Regulations of the Pan American Health Organization,

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<sup>1</sup> Unless otherwise indicated, all monetary figures in this document are expressed in United States dollars.

**RESOLVES:**

1. To approve the proposed amendments to the PAHO Program Budget 2022-2023, a total increase in the PAHO Program Budget 2022-2023 of \$193.5 million (\$39.5 million in base programs and \$154 million in special programs), bringing the overall PAHO Program Budget 2022-2023 to an amount of \$881.5 million, as outlined in Document CSP30/6.
2. To encourage PAHO Member States, Participating States, and Associate Members to continue advocating for an equitable share of the WHO resources and specifically for WHO to fully fund the budget space allocated to the Region of the Americas.
3. To encourage Member States, Participating States, and Associate Members to make voluntary contributions that are aligned with the PAHO Program Budget 2022-2023, and where possible, to consider making these contributions fully flexible and un-earmarked.
4. To finance the approved base programs in the following manner and from the indicated sources of financing:

Source of financing	Amount (US\$)
Assessed contributions from PAHO Member States, Participating States, and Associate Members	194,400,000
Budgeted miscellaneous revenue	14,000,000
PAHO voluntary contributions and other sources	179,000,000
Funding allocation to the Region of the Americas from WHO	292,100,000
<b>TOTAL</b>	<b>679,500,000</b>

5. To authorize the Director to use all sources of financing indicated above to fund the PAHO Program Budget 2022-2023, subject to the availability of funding.
6. To request the Director to prepare a report on the expenditure amounts from each source of financing, and against the 28 outcomes outlined in the PAHO Program Budget 2022-2023, to be presented to the Governing Bodies in 2024.

*(Third meeting, 27 September 2022)*



***CSP30.R2: Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work***

***THE 30th PAN AMERICAN SANITARY CONFERENCE,***

Having considered the *Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work* (Document CSP30/8);

Bearing in mind Member States' commitments to the achievement of the goals of the 2030 Agenda for Sustainable Development, which provides a powerful framework for improving health and equity;

Recognizing that the Region of the Americas is not on track to achieve the goals of the 2030 Agenda, including Sustainable Development Goal 3 ("Ensure healthy lives and promote well-being for all at all ages"), and that this situation has been aggravated by the COVID-19 pandemic;

Considering the urgent need to recover and accelerate progress towards the achievement of the goals of the 2030 Agenda with an equity focus and to acknowledge that health is a key dimension of social and economic development;

Recognizing the importance of social determinants of health for the achievement of health equity, as has been stressed over the years and has been recently reconfirmed in Resolution WHA74.16 on social determinants of health (2021), which calls on Member States to strengthen their efforts to accelerate progress in addressing the unequal distribution of health resources within and among countries in support of the 2030 Agenda;

Recognizing the cross-cutting nature of this policy and its complementarity with the objectives of the Strategic Plan of the Pan American Health Organization 2020-2025, the Sustainable Health Agenda for the Americas 2018-2030, and the *Strategy and Plan of Action on Health Promotion within the context of the Sustainable Development Goals 2019-2030* (Document CD57/10 [2019]),

***RESOLVES:***

1. To approve the *Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work* (Document CSP30/8).
2. To urge Member States, in accordance with their national contexts, to adopt the following five strategic lines of action:
  - a) promote intersectoral action to address the indivisible goals of the 2030 Agenda, integrating equity as a cross-cutting value;

- b) reorient health policies, plans, and programs to overcome barriers to access to health and to achieve health equity and well-being;
  - c) strengthen and facilitate community participation and civil society engagement, through an intercultural approach in order to attain equity **and** achieve SDG 3;
  - d) strengthen local governance to achieve SDG 3 with equity;
  - e) strengthen the monitoring and evaluation of progress towards the equitable attainment of SDG 3.
3. To request the Director to:
- a) provide technical support to Member States to strengthen the specific competencies and skills that are needed for effective intersectoral action on social determinants of health;
  - b) provide technical support to Member States to integrate social determinants of health into the work of health systems and services, and to include an equity focus in the formulation of health policies to overcome barriers to access to health and health services;
  - c) provide technical support to Member States to strengthen community participation and civil society engagement, promoting effective mechanisms and tools for meaningful participation, giving a voice to all;
  - d) promote the strengthening of local governance and of healthy municipalities/cities networks in the Region, facilitating city-to-city exchanges and supporting urban and rural health action that addresses inequities in order to achieve SDG 3;
  - e) strengthen monitoring of SDG 3 indicators through exchange and learning platforms, facilitating the incorporation of timely information from the health sector and other sectors, and provide guidance on the development of systems for the monitoring and evaluation of social determinants of health and equity;
  - f) promote collaboration with other international organizations to create synergies in addressing the indivisible goals of the 2030 Agenda with equity, and encourage international financial institutions to provide financing that is adapted and adequate to developing countries, so that no one is left behind;
  - g) report to the Governing Bodies of PAHO on the progress made and the challenges faced in the implementation of this regional policy and its adaptation to specific contexts and needs, through a progress report to be presented in 2027 and a final report to be presented in 2031.

*(Third meeting, 27 September 2022)*

***CSP30.R3: Policy for Improving Mental Health***

***THE 30th PAN AMERICAN SANITARY CONFERENCE,***

Having reviewed the *Policy for Improving Mental Health* (Document CSP30/9);

Recognizing the significant adverse impacts that the COVID-19 pandemic has had and continues to have on the mental health and well-being of populations in the Region, as well as on the operation and delivery of services for mental, neurological, and substance use conditions;

Recalling the principles enshrined in the Caracas Declaration (1990), the United Nations Convention on the Rights of Persons with Disabilities (2006), and the Political Declaration of the High-level Meeting on Universal Health Coverage (2019);

Recognizing the urgent need to improve mental health in order to recover from the COVID-19 pandemic and to build back better mental health systems and services for the future, which are necessary for advancing the health, social, and economic development of Member States and the Region of the Americas as a whole,

***RESOLVES:***

1. To approve the *Policy for Improving Mental Health* (Document CSP30/9).
2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
  - a) promote increased investment, both financial and human, in community-based mental health care in order to address the heightened demand for mental health and substance use services brought on by the COVID-19 pandemic and to build stronger, more resilient mental health systems for the post-pandemic period;
  - b) adopt a whole-of-government and whole-of-society approach to improving mental health that promotes strategic collaborations and partnerships with diverse actors across all relevant sectors (nongovernmental, civil society, academic, and persons with lived experience, among others) and that includes high-level political engagement;
  - c) improve and scale up equitable and comprehensive community-based mental health care for the entire population, and further integrate mental health and substance use into all levels of care to ensure progress toward universal health coverage;
  - d) support mental health promotion and prevention and the establishment and implementation of multidisciplinary mental health and suicide prevention programs from early childhood, extending throughout the life course.

3. To request the Director to:
  - a) provide support to Member States to strengthen capacities that contribute to the implementation of the policy and the achievement of its strategic lines of action;
  - b) continue prioritizing and facilitating the integration of mental health and substance use services into all COVID-19 emergency response efforts by the Pan American Health Organization as well as other health initiatives across the Organization;
  - c) report periodically to the Governing Bodies on the progress and challenges encountered in the implementation of this policy.

*(Fourth meeting, 27 September 2022)*

***CSP30.R4: Policy on Integrated Care for Improved Health Outcomes***

***THE 30th PAN AMERICAN SANITARY CONFERENCE,***

Having reviewed the *Policy on Integrated Care for Improved Health Outcomes* (Document CSP30/10);

Recognizing that inequities in health persist and have been exacerbated by the COVID-19 pandemic, and that reducing inequities has become increasingly challenging in light of major demographic and epidemiological changes experienced in the Region of the Americas, where noncommunicable diseases (notably cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases) and mental health conditions now account for the greatest burden of disease;

Considering that fragmentation in all its forms is a pervasive problem in health systems and affects the organization, management, and provision of care in almost all Member States of the Pan American Health Organization (PAHO), and that fragmentation of care greatly affects equitable access, health outcomes, and people's experiences of care and satisfaction with health systems;

Affirming that, in response to these challenges, the Region urgently needs to radically change current approaches to the delivery of care by designing and implementing strategies for integrated care that are clearly linked to building resiliency in health systems and achieving universal health,

***RESOLVES:***

1. To approve the *Policy on Integrated Care for Improved Health Outcomes* (Document CSP30/10).

2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
  - a) promote implementation of the policy options set forth in the *Policy on Integrated Care for Improved Health Outcomes*;
  - b) strengthen the capacity of national health authorities to lead and manage system-wide transformations for integrated care, with priority to intersectoral collaboration and partnerships to foster change, implementation of regulatory frameworks, and development of competencies for managing change and leadership (training new leaders, creating and guiding coalitions, building capacity to collaborate, providing support for change, and designing change management plans, among others);
  - c) improve and strengthen the organization and management of service provision to advance toward integrated health services delivery networks, establishing the policies and legal frameworks designed for governance, network configurations, provider and care integration mechanisms and protocols, appropriate resource allocation and incentives, and research, monitoring, and evaluation;
  - d) strengthen capacities at the first level of care to provide people-centered, inclusive, and responsive care across the life course, taking into consideration cultural and gender issues and improving the management of care for people with complex health needs;
  - e) establish integrated care throughout the health services continuum through the implementation of policies aimed at empowering people for self-care and active participation in making decisions about their own health, with due attention to gender and ethnic considerations, as well as policies to promote clinical integration and multidisciplinary collaboration among health care providers, including the implementation of clinical guidelines that address the care of individuals with multiple chronic conditions;
  - f) build capacities and enabling environments, with an intercultural approach, to empower and engage people and communities to improve their health through modalities such as health education programs, counseling to promote health-related behaviors, support for informed decision making about care and treatment options, and promotion of self-management;
  - g) implement mechanisms for comprehensive monitoring, evaluation, and documentation of policy implementation, and foster constant analysis and evaluation of organizational actions and practices for continuous improvement and adoption of lessons learned.
3. To request the Director to:
  - a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of the *Policy on Integrated Care for Improved Health Outcomes* and the achievement of its objectives within the framework of

integrated health services delivery networks and the *Strategy for Universal Access to Health and Universal Health Coverage*;

- b) report periodically to the Governing Bodies of PAHO on the progress made and challenges faced in implementation of the policy through progress reports every five years.

(Fourth meeting, 27 September 2022)

**CSP30.R5: Collection of Assessed Contributions**

**THE 30th PAN AMERICAN SANITARY CONFERENCE,**

Having considered the *Report on the Collection of Assessed Contributions* (Documents CSP30/13 and Add. I), and the concern expressed by the 170th Session of the Executive Committee with respect to the status of the collection of assessed contributions;

Noting that the Bolivarian Republic of Venezuela is in arrears in the payment of its assessed contributions such that it is subject to Article 6.B of the Constitution of the Pan American Health Organization;

Noting that as of 26 September 2022, 19 Member States, Participating States, and Associate Members have not made any payments towards their 2022 assessed contributions;

Noting that as of 26 September 2022, only 42% of the current year's assessed contributions has been received and US\$ 34.8 million of the Working Capital Fund has been utilized, jeopardizing the full implementation of the biennial program of work for 2022-2023 as approved by the Member States,

**RESOLVES:**

1. To take note of the *Report on the Collection of Assessed Contributions* (Documents CSP30/13 and Add. I).
2. To express appreciation to those Member States, Participating States, and Associate Members that have already made payments in 2022.
3. To strongly urge all Members with outstanding balances to meet their financial obligations to the Organization in an expeditious manner in order to efficiently implement the Program Budget for 2022-2023.
4. To request the President of the Panamerican Sanitary Conference to notify the Delegation of the Bolivarian Republic of Venezuela that its voting rights continue to be suspended as of this 30th Pan American Sanitary Conference.

5. To request the Director to:
  - a) continue to monitor the status of assessed contributions and the impact of delays on the financial health of the Organization;
  - b) advise the Executive Committee of Members' compliance with their financial commitments to the Organization;
  - c) report to the 60th Directing Council on the status of collection of assessed contributions for 2023 and prior years.

*(Fourth meeting, 27 September 2022)*

***CSP30.R6: Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Costa Rica, Haiti, and Mexico***

***THE 30th AN AMERICAN SANITARY CONFERENCE,***

Bearing in mind the provision of Articles 4.D and 15.A of the Constitution of the Pan American Health Organization;

Considering that Chile, United States of America, and Uruguay were elected to serve on the Executive Committee upon the expiration of the periods of office of Costa Rica, Haiti, and Mexico,

***RESOLVES:***

1. To declare Chile, United States of America, and Uruguay elected to membership on the Executive Committee for a period of three years.
2. To thank Costa Rica, Haiti, and Mexico for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

*(Fifth meeting, 28 September 2022)*

***CSP30.R7: Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas***

***THE 30th PAN AMERICAN SANITARY CONFERENCE,***

Bearing in mind Articles 4.E and 21.A of the Constitution of the Pan American Health Organization, which provide that the Pan American Sanitary Bureau shall have a Director elected at the Conference by the vote of a majority of the Members of the Organization;

Bearing in mind Article 4 of the Agreement between the World Health Organization and the Pan American Health Organization and Article 52 of the Constitution of the World Health Organization, which establish the procedure for the appointment of Regional Directors of the World Health Organization;

Satisfied that the election of the Director of the Pan American Sanitary Bureau has been held in accordance with the established rules and procedures,

***RESOLVES:***

1. To declare Dr. Jarbas Barbosa Da Silva Jr. elected Director of the Pan American Sanitary Bureau for a period of five years beginning on 1 February 2023 and ending on 31 January 2028.
2. To submit to the Executive Board of the World Health Organization the name of Dr. Jarbas Barbosa Da Silva Jr. for appointment as Regional Director of the World Health Organization for the Americas for the same period.

*(Fifth meeting, 28 September 2022)*

***CSP30.R8: Director Emeritus of the Pan American Sanitary Bureau***

***THE 30th PAN AMERICAN SANITARY CONFERENCE,***

Noting the 19 years of service of Dr. Carissa F. Etienne to the Pan American Health Organization and the World Health Organization;

Recognizing the invaluable contributions provided by Dr. Etienne in advancing the response to both communicable and non-communicable diseases, and in strengthening Primary Health Care and universal access to health in the Americas during her ten years as Director of the Pan American Sanitary Bureau and Regional Director of the World Health Organization for the Americas;

Highlighting the leadership role played by Dr. Etienne during the most acute stages of the COVID-19 pandemic, the most serious global health emergency in over a century;

Recognizing her essential work in providing the Region of the Americas with the best available scientific knowledge and the most efficient, evidence-based strategies to promote health and protect lives during the pandemic, while tirelessly seeking to ensure access to vaccines, medicines and other essential life-saving supplies;

Welcoming her innumerable contributions to a more efficient, modern and transparent Organization, and her dedication and commitment to the advancement of equity and Pan-Americanism in health;



Desiring to demonstrate its appreciation for her many years of service to the Organization and considering that her term of office as Director of the Pan American Sanitary Bureau and Regional Director of the World Health Organization is about to expire,

**RESOLVES:**

1. To express its sincere appreciation to Dr. Carissa F. Etienne for her many years of service to the Pan American Health Organization and the World Health Organization, and for her leadership as Director of the Pan American Sanitary Bureau.
2. To designate Dr. Carissa F. Etienne Director Emeritus of the Pan American Sanitary Bureau as of the date of her retirement.
3. To wish her all possible success in her further endeavors to improve the health of the peoples of the Region of the Americas and the world.
4. To transmit this resolution to the Executive Board of the World Health Organization for its information.

*(Fifth meeting, 28 September 2022)*

***CSP30.R9: Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response***

***THE 30th PAN AMERICAN SANITARY CONFERENCE,***

Having reviewed the *Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response* (Document CSP30/12);

Considering the social and economic impact of the COVID-19 pandemic, as well as previous epidemics in the Region of the Americas linked to socioeconomic inequities;

Considering that the Region of the Americas is at great risk for the emergence and reemergence of pathogens with epidemic and pandemic potential due to its ecological diversity, increased urbanization and other changes in human settlement, and the intense movement of people;

Recognizing the need for enhanced multidisciplinary and intersectoral approaches in the preparedness and response to pathogens with pandemic and epidemic potential, including at the human-animal-environment interface;

Acknowledging the key contribution of genomic surveillance in the response to the COVID-19 pandemic and the role that genomic surveillance will likely play in future health emergencies,

**RESOLVES:**

1. To approve the *Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response* (Document CSP30/12).
2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
  - a) contribute to the expansion and consolidation of a regional genomic surveillance network of public health, animal health, and environmental health laboratories for early detection and monitoring of emerging and existing pathogens of potential public health concern, including at the human-animal-environment interface and, where appropriate, to the establishment of national networks;
  - b) strengthen technical capacity for genomic sequencing, including in bioinformatics, and assure its sustainability in periods between outbreaks and epidemics through investment and funding for infrastructures and facilities, equipment, supplies, and personnel;
  - c) assure timely reporting of genomic data through validated sequence repositories and their integration with public health systems, including strengthened communication and integration of information among national public, animal, wildlife, and environmental health laboratories;
  - d) build capacities and participate in the definition of regional best practices for the use of genomic data in response to outbreaks, epidemics, and pandemics, including mechanisms for intersectoral coordination and integration among public, animal, and environmental health surveillance teams.
3. To request the Director to:
  - a) provide technical cooperation to Member States to strengthen technical and managerial capacities that contribute to implementation of the strategy and achievement of its lines of action;
  - b) propose governance modalities for a regional genomic surveillance network for epidemic and pandemic preparedness and response, including the role of the Pan American Sanitary Bureau as its secretariat;
  - c) support the planning, establishment, and strengthening of supply chains for equipment, reagents, and other laboratory products during interepidemic periods, including strategic procurement and distribution of supplies during the initial phases of the strategy and during health emergencies;
  - d) urge the international donor community to increase its financial assistance to strengthen country programs for health emergency prevention, mitigation, and preparedness, thus increasing the health sector's resilience;

- e) report periodically to the Governing Bodies of the Pan American Health Organization on the progress made and challenges faced in the implementation of this strategy, with a mid-term report in 2026 and a final report in 2029.

*(Sixth meeting, 28 September 2022)*

***CSP30.R10: Amendments to the Financial Regulations and Financial Rules of PAHO***

***THE 30th PAN AMERICAN SANITARY CONFERENCE,***

Having considered the recommendation of the 170th Session of the Executive Committee and the proposed amendment to the Financial Regulations of the Pan American Health Organization as it appears in Annex A to Document CSP30/14;

Taking into consideration that the amendment to the Financial Regulations reflects best practices in the limit of terms for the appointment of the External Auditor,

***RESOLVES:***

To approve the amendment to the Financial Regulations of the Pan American Health Organization pertaining to the term of office for the External Auditor as set forth in Annex A of Document CSP30/14, and to make this amendment effective immediately.

*(Seventh meeting, 29 September 2022)*

***CSP30.R11: Programming of the Budget Surplus***

***THE 30th PAN AMERICAN SANITARY CONFERENCE,***

Having considered the report of the Director on the *Programming of the Budget Surplus* (Document CSP30/15),

***RESOLVES:***

To approve the allocation of the 2020-2021 budget surplus totaling US \$24,601,516.21<sup>1</sup> as follows:

- a) \$21,291,185.16 to replenish the Working Capital Fund to its authorized level of \$50 million, in accordance with Financial Regulation 4.6.
- b) \$3,310,331.05 to fund the Master Capital Investment Fund, to be distributed \$2,310,331.05 for the Real Estate Maintenance and Improvements Subfund, and \$1,000,000.00 for the Information Technology Subfund.

*(Seventh meeting, 29 September 2022)*

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<sup>1</sup> Unless otherwise indicated, all monetary figures in this document are expressed in United States dollars.

***CSP30.R12: Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies***

***THE 30th PAN AMERICAN SANITARY CONFERENCE,***

Having reviewed the document *Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies* (Document CSP30/11);

Recognizing that regulatory systems are an essential component of the health system and must address its needs, including the creation of efficient regulatory response mechanisms for health emergencies;

Considering the progress made since the creation of the Pan American Network for Drug Regulatory Harmonization (PANDRH) and the adoption in 2010 of Resolution CD50.R9 on strengthening regulatory systems for medicines and vaccines, collaborating and seeking greater efficiency for harmonization and regulatory convergence, and the implementation of new subregional and multinational approaches to the subject;

Considering the regional successes achieved through the implementation of a pioneering program for evaluating and strengthening regulatory systems for medicines and vaccines, the drafting of evidence-based institutional development plans, and the designation of eight national regulatory authorities of regional reference, as well as international progress toward implementation of a single global tool for the evaluation of regulatory systems and of the requirements for the inclusion of national regulatory authorities in the World Health Organization (WHO) listing;

Recognizing that countries today face new challenges in the construction of efficient, integrated health regulatory systems that respond nimbly to changing contexts and health emergencies and in the development or expansion of existing capacities to regulate and oversee the various health technologies essential to health systems,

***RESOLVES:***

1. To approve the document *Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies* (Document CSP30/11).
2. To urge the Member States, in keeping with their contexts and needs, to:
  - a) adopt sustainable State policies with a view to strengthening regulatory system governance and stewardship to ensure the efficacy, safety, and quality of health technologies that enter the health system and promote access to them;
  - b) encourage regulatory systems to contribute to the development and manufacture of health technologies and the creation of industrial ecosystems, promoting an environment of predictability and regulatory oversight in countries with domestic production, and assuming responsibility for regulating and overseeing locally manufactured products throughout their life cycle;

- c) adopt frameworks for the construction of regulatory systems consistent with health systems and the industrial sector, designating and strengthening a national regulatory authority (NRA) to perform essential regulatory functions and coordinate the members of that regulatory system, where appropriate, through formal, transparent, and efficient mechanisms based on good regulatory practices, both in routine situations and health crises;
- d) position NRAs at a high level within the health system, supported by sound legal underpinnings, funding, competent human resources, and physical resources to regulate and oversee health technologies;
- e) ensure that regulatory systems have technical independence, promote equity, and act transparently and without bias, in accordance with ethical principles and without conflicts of interest, guided by regulatory science and based on risk-benefit assessments;
- f) ensure effective regulation and oversight of all medical products of interest to the health system, including those used in traditional medicine when the context so requires, ensuring their quality, safety, and efficacy throughout their life cycle;
- g) strengthen subregional and multinational regulatory initiatives, seeking synergies among participating NRAs to ensure greater efficiency and complement and enhance the development of regulatory functions in resource-limited contexts;
- h) promote harmonization and regulatory convergence through participation in PANDRH and the international harmonization mechanisms recommended by the Pan American Health Organization (PAHO) and World Health Organization (WHO) as sources of regulatory standards and good practices, including mechanisms such as the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH), the International Medical Device Regulators Forum (IMDRF), and the Pharmaceutical Inspection Co-operation Scheme (PIC/S);
- i) promote transparent regulatory decision-making and information exchange among countries as a requirement for convergence, harmonization, and reliance on regulatory decisions from other jurisdictions, especially in cases where this makes it possible to verify the origin and provenance of products and their correspondence with the versions authorized in other markets;
- j) encourage the industrial sector to contribute to and promote transparency in the regulated market by removing obstacles to the exchange of regulatory information between countries, publishing regulatory decisions, and contributing to the identification and characterization of products entering health systems;
- k) promote trust in regulatory decisions and the quality of regulated products by combating misinformation and disinformation, and duly publish and communicate the grounds for regulatory decisions to the public and the regulated sector;
- l) promote and consolidate, with other relevant domestic actors, the international reporting of the results of post-marketing surveillance and control activities, such

as the reporting of adverse events to the WHO Collaborating Centre in Uppsala and incidents to the WHO Global Surveillance and Monitoring System for Substandard and Falsified Medical Products;

- m) adopt procedures for the continuous strengthening and improvement of regulatory systems that include plans for continuous training of human resources, in keeping with the national context, based on monitoring and evaluation of their capacities, using the WHO Global Benchmarking Tool for the evaluation of regulatory systems;
  - n) participate in, promote, and support the definition of tools and the formal evaluation of regulatory systems led by PAHO/WHO, ensuring the transparency of evaluation results and qualifications, and making a commitment to promote the progress and performance of regulatory systems in the Region that have more limited capacities, and the adoption of practices for reliance on decisions from other jurisdictions to achieve regulatory goals;
  - o) promote coordination of the regulatory system, health programs, and institutions relevant to emergency preparedness in health; the reporting, investigation, and review of events related to the safety, efficacy, or quality of medical products; and the surveillance of substandard or falsified medical products, among other aspects;
  - p) adopt regulatory plans for pandemic preparedness that include ways to increase the efficiency of regulatory procedures and improve international communication and collaboration, and put effective surveillance systems in place for products used during emergencies;
  - q) strengthen information and digitization of systems that facilitate the search for more efficient regulatory procedures, greater transparency, and dissemination of the results of regulatory measures and decisions, as well as the exchange of information between entities that are part of the domestic and subregional regulatory system and international collaboration.
3. To request the Director to:
- a) provide Member States with technical support to implement this policy to strengthen regulatory capacities, with emphasis on countries with structural challenges or more limited regulatory capacities, as well as those wishing to improve ecosystems for domestic production through regulatory capacity building, including human resources training;
  - b) strengthen and update the PAHO/WHO program for the evaluation of regulatory systems by implementing the new strategies agreed to by the WHO Member States and using the new WHO Global Benchmarking Tool for Evaluation of National Regulatory System for Medical Products (GBT) and related methodologies, and advocate for international recognition of the progress made in strengthening regulatory systems in the Region, as well as the development of

- new modules on medical devices and other technologies that take into account the specific characteristics of these products;
- c) define the procedures, requirements, and timeframes for transition to the new system for designating NRAs of regional reference; promote adoption of the globally recognized system for designating regulatory authorities; and update product eligibility for purchases made through the Revolving Fund for Vaccine Procurement, the Regional Revolving Fund for Strategic Public Health Supplies, and other PAHO procurement mechanisms, in line with those designations;
  - d) provide technical support for strengthening regional regulatory harmonization and convergence networks and technical working groups, especially PANDRH, buttressing PAHO's role as technical secretariat of the network;
  - e) encourage the exchange, dissemination, and use of data on the safety, quality, and falsification of medical products, using the regional and global tools recognized by PAHO/WHO and involving the community;
  - f) provide support for countries to develop or strengthen communication systems that enable regulatory systems to operate online, in order to increase the efficiency of pre- and post-marketing procedures and facilitate information exchange between relevant entities;
  - g) report regularly to the PAHO Governing Bodies on the progress made and challenges encountered in implementing the policy by submitting progress reports every five years.

*(Seventh meeting, 29 September 2022)*

***CSP30.R13: Keeping the Region of the Americas Free of Polio***

***THE 30th PAN AMERICAN SANITARY CONFERENCE,***

Having reviewed the document *Keeping the Region of the Americas Free of Polio* (Document CSP30/19, Rev. 1);

Considering that, in recent years, the Region of the Americas has seen a decline in polio vaccination coverage and surveillance, that a case of polio was recently confirmed in Rockland County, New York, United States of America, and that poliovirus was detected in several wastewater samples from three different counties in New York state, meeting the criteria for circulating vaccine-derived poliovirus (cVDPV) in New York; and that these viruses have genetic linkage with poliovirus detected in wastewater samples collected in Jerusalem, Israel, and London, United Kingdom—putting the Region at increased risk of polio outbreaks;

Cognizant that this document reflects and supports the commitments made by Member States to advance the 2030 Agenda for Sustainable Development, the Sustainable Health Agenda for the Americas 2018-2030, Resolution CD59.R13 on

Reinvigorating Immunization as a Public Good for Universal Health, and the Immunization Agenda 2030 of the World Health Organization,

***RESOLVES:***

1. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
  - a) develop and implement a prioritized and targeted polio mitigation plan based on the recommendations of the Technical Advisory Group on Vaccine-preventable Diseases and the Regional Commission for the Certification of Polio Eradication in the Region of the Americas, which includes actions to increase vaccination coverage, improve surveillance performance, and ensure adequate preparedness for a possible polio event or outbreak;
  - b) engage civil society, community leaders, non-governmental organizations, the private sector, academic institutions, and other stakeholders to jointly advance and work in a coordinated manner to keep the Region of the Americas free of polio.
2. To request the Director to:
  - a) provide technical cooperation and promote collaboration among Member States in the development, implementation, and monitoring of their polio risk mitigation and preparedness plans;
  - b) report to the Governing Bodies on the progress made and the challenges faced in the implementation of this resolution as part of the reports on Resolution CD59.R13 (2021).

*(Eighth meeting, 29 September 2022)*

***Decisions***

***CSP30(D1): Appointment of the Committee on Credentials***

Pursuant to Rule 32 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference appointed Bahamas, Ecuador, and Guatemala as members of the Committee on Credentials.

*(First meeting, 26 September 2022)*



***CSP30(D2): Election of Officers***

Pursuant to Rule 17 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference elected Canada as President, Antigua and Barbuda and Chile as Vice Presidents, and Uruguay as Rapporteur of the 30th Pan American Sanitary Conference.

*(First meeting, 26 September 2022)*

***CSP30(D3): Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution***

Pursuant to Rule 35 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference elected Costa Rica, Paraguay, and Sint Maarten as members of the Working Party to Study the Application of Article 6.B of the PAHO Constitution.

*(First meeting, 26 September 2022)*

***CSP30(D4): Establishment of the General Committee***

Pursuant to Rule 33 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference appointed Barbados, Cuba, and the United States of America as members of the General Committee.

*(First meeting, 26 September 2022)*

***CSP30(D5): Adoption of the Agenda***

Pursuant to Rule 11 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference adopted the agenda submitted by the Director, as amended (Document CSP30/1, Rev. 1).

*(First meeting, 26 September 2022)*

***CSP30(D6): Selection of One Member State from the Region of the Americas Entitled to Designate a Person to Serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases***

The Pan American Sanitary Conference selected Guatemala as the Member State entitled to designate a person to serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

*(Fifth meeting, 28 September 2022)*

IN WITNESS WHEREOF, the Vice President of the 30th Pan American Sanitary Conference, 74th Session of the Regional Committee of WHO for the Americas, Delegate of Antigua and Barbuda, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the English language.

DONE in Washington, D.C., United States of America, on this thirty day of September in the year two thousand twenty-two. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau. The Final Report will be published on the website of the Pan American Health Organization once approved by the Vice President.

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Molwyn Joseph  
Vice President of the  
30th Pan American Sanitary Conference  
74th Session of the Regional Committee  
of WHO for the Americas  
Delegate of Antigua and Barbuda

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Carissa Etienne  
Secretary ex officio of the  
30th Pan American Sanitary Conference  
74th Session of the Regional Committee  
of WHO for the Americas  
Director of the  
Pan American Sanitary Bureau

## **AGENDA**

### **1. OPENING OF THE SESSION**

### **2. PROCEDURAL MATTERS**

- 2.1 Appointment of the Committee on Credentials
- 2.2 Election of Officers
- 2.3 Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution
- 2.4 Establishment of the General Committee
- 2.5 Adoption of the Agenda

### **3. CONSTITUTIONAL MATTERS**

- 3.1 Annual Report of the President of the Executive Committee
- 3.2 Reports of the Pan American Sanitary Bureau
  - a) Quinquennial Report 2018-2022 of the Director of the Pan American Sanitary Bureau
  - b) Health in the Americas
- 3.3 Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas
- 3.4 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Costa Rica, Haiti, and Mexico

### **4. PROGRAM POLICY MATTERS**

- 4.1 Program Budget of the Pan American Health Organization 2022-2023: Proposed Amendments
  - 4.2 Report of the End-of-biennium Assessment of the PAHO Program Budget 2020-2021/First Interim Report on the Implementation of the PAHO Strategic Plan 2020-2025
-

**4. PROGRAM POLICY MATTERS** *(cont.)*

- 4.3 Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work
- 4.4 Policy for Improving Mental Health
- 4.5 Policy on Integrated Care for Improved Health Outcomes
- 4.6 Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies
- 4.7 Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response
- 4.8 Keeping the Region of the Americas Free of Polio

**5. ADMINISTRATIVE AND FINANCIAL MATTERS**

- 5.1 Report on the Collection of Assessed Contributions
- 5.2 Financial Report of the Director and Report of the External Auditor for 2021
- 5.3 Amendments to the Financial Regulations and Financial Rules of PAHO
- 5.4 Programming of the Budget Surplus
- 5.5 Update on the Appointment of the External Auditor of PAHO for 2024-2025 and 2026-2027

**6. SELECTION OF MEMBER STATES TO BOARDS AND COMMITTEES**

- 6.1 Selection of One Member State from the Region of the Americas Entitled to Designate a Person to Serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/ WHO Special Programme for Research and Training in Tropical Diseases

**7. AWARDS**

- 7.1 PAHO Award for Health Services Management and Leadership 2022

**8. MATTERS FOR INFORMATION**

- 8.1 Update on the COVID-19 Pandemic in the Region of the Americas
- 8.2 Report on Strategic Issues between PAHO and WHO
- 8.3 Regional Consultation on the Programme Budget 2024-2025 of the World Health Organization
- 8.4 Implementation of the International Health Regulations
- 8.5 Monitoring of the Resolutions and Mandates of the Pan American Health Organization
- 8.6 Strategy and Plan of Action on Psychoactive Substance Use and Public Health: Final Report
- 8.7 Strategy and Plan of Action on Epilepsy: Final Report
- 8.8 Plan of Action to Reduce the Harmful Use of Alcohol: Final Report
- 8.9 Strategy and Plan of Action on Urban Health: Final Report
- 8.10 Plan of Action for Disaster Risk Reduction 2016-2021: Final Report
- 8.11 Health Technology Assessment and Incorporation into Health Systems: Final Report
- 8.12 Progress Reports on Technical Matters:
  - A. Plan of Action for Cervical Cancer Prevention and Control 2018-2030: Progress Report
  - B. Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030: Progress Report
  - C. Plan of Action for Strengthening Information Systems for Health 2019-2023: Progress Report
  - D. Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025: Midterm Review
  - E. Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies: Progress Report

**8. MATTERS FOR INFORMATION** (*cont.*)

8.13 Resolutions and other Actions of Intergovernmental Organizations  
of Interest to PAHO:

- A. Seventy-fifth World Health Assembly
- B. Fifty-first Regular Session of the General Assembly  
of the Organization of American States
- C. Subregional Organizations

**9. OTHER MATTERS**

**10. CLOSURE OF THE SESSION**

## LIST OF DOCUMENTS

### Official Documents

- OD365* Financial Report of the Director and Report of the External Auditor for 2021
- OD366* Quinquennial Report 2018-2022 of the Director of the Pan American Sanitary Bureau

### Working Documents

- CSP30/1, Rev. 1 Agenda
- CSP30/WP, Rev.1 Program of Meetings
- CSP30/2 Annual Report of the President of the Executive Committee
- CSP30/3 Health in the Americas
- CSP30/4 Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas
- CSP30/5 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Costa Rica, Haiti, and Mexico
- CSP30/6 Program Budget of the Pan American Health Organization 2022-2023: Proposed Amendments
- CSP30/7 and Add. I Report of the End-of-biennium Assessment of the PAHO Program Budget 2020-2021/First Interim Report on the Implementation of the PAHO Strategic Plan 2020-2025
- CSP30/8 Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work
- CSP30/9 Policy for Improving Mental Health
- CSP30/10 Policy on Integrated Care for Improved Health Outcomes
-

**Working Documents** (*cont.*)

CSP30/11	Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies
CSP30/12	Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response
CSP30/13, Add. I and Add. II	Report on the Collection of Assessed Contributions
CSP30/14	Amendments to the Financial Regulations and Financial Rules of PAHO
CSP30/15	Programming of the Budget Surplus
CSP30/16	Update on the Appointment of the External Auditor of PAHO for 2024-2025 and 2026-2027
CSP30/17	Selection of One Member State from the Region of the Americas Entitled to Designate a Person to Serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/ WHO Special Programme for Research and Training in Tropical Diseases
CSP30/18	PAHO Award for Health Services Management and Leadership 2022
CSP30/19, Rev. 1	Keeping the Region of the Americas Free of Polio

**Information Documents**

CSP30/INF/1, Rev. 1	Update on the COVID-19 Pandemic in the Region of the Americas
CSP30/INF/2	Report on Strategic Issues between PAHO and WHO
CSP30/INF/3	Regional Consultation on the Programme Budget 2024-2025 of the World Health Organization
CSP30/INF/4	Implementation of the International Health Regulations
CSP30/INF/5	Monitoring of the Resolutions and Mandates of the Pan American Health Organization
CSP30/INF/6	Strategy and Plan of Action on Psychoactive Substance Use and Public Health: Final Report



**Information Documents** (*cont.*)

CSP30/INF/7	Strategy and Plan of Action on Epilepsy: Final Report
CSP30/INF/8	Plan of Action to Reduce the Harmful Use of Alcohol: Final Report
CSP30/INF/9	Strategy and Plan of Action on Urban Health: Final Report
CSP30/INF/10	Plan of Action for Disaster Risk Reduction 2016-2021: Final Report
CSP30/INF/11	Health Technology Assessment and Incorporation into Health Systems: Final Report
CSP30/INF/12	Progress Reports on Technical Matters: <ul style="list-style-type: none"><li>A. Plan of Action for Cervical Cancer Prevention and Control 2018-2030: Progress Report</li><li>B. Plan of Action for Women’s, Children’s, and Adolescents’ Health 2018-2030: Progress Report</li><li>C. Plan of Action for Strengthening Information Systems for Health 2019-2023: Progress Report</li><li>D. Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025: Midterm Review</li><li>E. Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies: Progress Report</li></ul>
CSP30/INF/13	Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO: <ul style="list-style-type: none"><li>A. Seventy-fifth World Health Assembly</li><li>B. Fifty-first Regular Session of the General Assembly of the Organization of American States</li><li>C. Subregional Organizations</li></ul>

**LIST OF PARTICIPANTS/LISTA DE PARTICIPANTES  
OFFICERS/MESA DIRECTIVA**

<b>President / Presidente:</b>	Mr. Michael Pearson (Canada)
<b>Vice-President / Vicepresidente:</b>	Hon. Sir Molwyn Joseph (Antigua and Barbuda)
<b>Vice-President / Vicepresidente:</b>	Dr. Ximena Aguilera (Chile)
<b>Rapporteur / Relator:</b>	Dr. Karina Rando (Uruguay)

**MEMBER STATES/ESTADOS MIEMBROS**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**CANADA/CANADÁ (cont.)**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

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**DOMINICA**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**DOMINICAN REPUBLIC/REPÚBLICA  
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**ECUADOR**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**ECUADOR (cont.)**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**MEXICO/MÉXICO (cont.)**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**PANAMA/PANAMÁ (cont.)**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**PERU/PERÚ (cont.)**

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**SAINT KITTS AND NEVIS/SAINT KITTS  
Y NEVIS**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA (cont.)**

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